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207019

**Patient Name:** \_\_\_\_\_ **Date:** 5/13/2025  
**Patient ID:** \_\_\_\_\_ **Patient Date Of Birth:** \_\_\_\_\_  
**Patient Group No:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_  
**NPI#:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Physician Office Address:** \_\_\_\_\_  
**Drug Name (specify drug):** \_\_\_\_\_  
**Quantity:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Strength:** \_\_\_\_\_  
**Route of Administration:** \_\_\_\_\_ **Expected Length of Therapy:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the appropriate answer for each applicable question.

1. Is the patient currently receiving treatment with the requested medication? Y ☐ N ☐
2. What is the diagnosis?
  - Transfusional iron overload due to thalassemia syndromes (If checked, go to 3) ☐
  - Transfusional iron overload due to sickle cell disease or other anemias (If checked, go to 3) ☐
  - Hereditary hemochromatosis (If checked, go to 5) ☐
  - Other, please specify (If checked, no further questions) ☐
  - \_\_\_\_\_
3. Is the patient experiencing benefit from therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline? ACTION REQUIRED: If Yes, attach supporting laboratory report or chart notes with current serum ferritin level. ACTION REQUIRED: Submit supporting documentation Y ☐ N ☐
4. Is the patient's serum ferritin level consistently below 500 mcg/L? Y ☐ N ☐
5. Is the patient experiencing benefit from therapy as evidenced by decreased serum ferritin levels as compared to pretreatment baseline? Y ☐ N ☐
6. What is the diagnosis?
  - Transfusional iron overload due to thalassemia syndromes (If checked, go to 7) ☐
  - Transfusional iron overload due to sickle cell disease or other anemias (If checked, go to 7) ☐
  - Hereditary hemochromatosis (If checked, go to 10) ☐
  - Other, please specify (If checked, no further questions) ☐
  - \_\_\_\_\_
7. Does the patient have transfusional iron overload due to myelodysplastic syndrome or Diamond Blackfan anemia? Y ☐ N ☐

8. Is the patient's pretreatment serum ferritin level consistently greater than 1000 mcg/L?

ACTION REQUIRED: If Yes, attach supporting laboratory report or chart notes with pretreatment serum ferritin level.

ACTION REQUIRED: Submit supporting documentation

Y ☐

N ☐



9. Will the dose of the requested drug exceed 99 mg/kg per day? Y ☐ N ☐
10. Has the patient had an unsatisfactory response to phlebotomy? Y ☐ N ☐ I attest
11. Is phlebotomy not an option for the patient (e.g., poor venous access, poor candidate due to underlying medical conditions)? Y ☐ N ☐ that the

medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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**Prescriber (Or Authorized) Signature and Date**

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