Livmarli

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155**. If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506.** For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: _____**Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the diagnosis?
   ❑ Cholestatic pruritis in Alagille syndrome (ALGS)
   ❑ Other _____
2. What is the ICD-10 code? _____
3. Is the requested drug being prescribed by or in consultation with a hepatologist? ❑ Yes ❑ No
4. Is the patient currently receiving treatment with the requested medication? ❑ Yes ❑ No *If No, skip to #6*
5. Is the patient experiencing benefit from therapy (e.g., improvement in pruritis)? ***ACTION REQUIRED: If Yes, attach chart notes or medical records documenting a benefit from therapy (e.g., improvement in pruritis).***
   ❑ Yes ❑ No *No further questions.*
6. Does the patient have a diagnosis of Alagille syndrome (ALGS) confirmed by genetic testing?
   ACTION REQUIRED: If Yes, attach genetic testing results confirming a diagnosis of ALGS (i.e., mutations in the JAG1 or NOTCH2 genes) and skip to #8. ❑ Yes ❑ No
7. Does the patient have a diagnosis of Alagille syndrome (ALGS) confirmed by both bile duct paucity and three of the five following major clinical features of ALGS: A) cholestasis, B) cardiac defect (e.g., stenosis of the peripheral pulmonary artery and its branches), C) skeletal abnormality (e.g., butterfly vertebrae), D) ophthalmologic abnormality (e.g., posterior embryotoxon), E) characteristic facial features (e.g., triangular-shaped face with a broad forehead and a pointed chin, bulbous tip of the nose, deeply set eyes, and hypertelorism)? ❑ Yes ❑ No
8. Does the patient have evidence of cholestasis defined as the presence of one or more of the following: A) total serum bile acid greater than 3 times the upper limit of normal (ULN) for age, B) conjugated bilirubin greater than 1 mg/dL, C) fat soluble vitamin deficiency otherwise unexplainable, D) gamma-glutamyl transferase (GGT) greater than 3 times ULN for age, E) intractable pruritis explainable only by liver disease? ❑ Yes ❑ No
9. Does the patient have a history or presence of other concomitant liver disease? ❑ Yes ❑ No
10. Has the patient received a liver transplant? ❑ Yes ❑ No

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

***X*_____**

Prescriber or Authorized Signature **Date (mm/dd/yy)**

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