PA Request Criteria





214670

00-0000000000

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at . Please contact CVS/Caremark at 1-888-413-2723 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Patient Name: Patient ID: Patient Group No:		NPI#:	_ Date: _ Patient Date Of Birth: Patient Phone:	Phys Spec	8/12/2024  Physician Name: Specialty: Physician Office Telephone:			
				Pnys	sician O	TTICE	i elepnone:	
Dru	g Name (specify drug)	<del>-</del>						
Qua	antity:	Frequency:	Str	ength:				
Route of Administration: Diagnosis:			Expected Length of Therap	y:				
			ICD Code:					
Cor	nments:							
Plea	ase check the appropriate What is the diagnosis?	te answer for each applica	ble question.					
	Infantile spasms (If checked, go to 2)							
	Complex partial seizures (If checked, go to 5)				П			
	Other, please specify. (If checked, no further questions)				$\Box$			
		- ( o ques						
2.	Is the patient currently re	quested medication?	Υ		N			
3.	Has the patient shown s	substantial clinical benefit fro	m vigabatrin therapy?	Υ		N		
4.	Is the patient less than 2	2 years of age?		Υ		N		
5.	What is the prescribed p	product?						
	Sabril (If checked, go	to 6)						
	vigabatrin (If checked	, go to 6)						
	Vigadrone (If checked	d, go to 6)						
	Vigafyde (If checked,	no further questions)						
	Vigpoder (If checked,	go to 6)						
6.	Is the patient currently re	eceiving therapy with the rec	quested medication?	Y		N		
7.	Has the patient shown s	substantial clinical benefit fro	m vigabatrin therapy?	Υ		N		
8.	Has the patient had an i	nadequate response to at le	ast 2 alternative treatments for	Y		N		

I attest 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.

## Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.