PA Request Criteria

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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: _____ **Date:** 10/11/2024
Patient ID: _____ **Patient Date Of Birth:** _____
Patient Group No: _____ **Patient Phone:** _____ **Physician Name:**
NPI#: **Specialty:**
Physician Office Address: _____ **Physician Office Telephone:**

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. What is the diagnosis?
   - Cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) (If checked, go to 2) ☐
   - Other, please specify. (If checked, no further questions) ☐

   _____

2. Has the requested medication been prescribed by or in consultation with a neurologist? **Y** ☐ **N** ☐

3. Is the patient currently receiving treatment with the requested medication? **Y** ☐ **N** ☐

4. Did the patient achieve or maintain a positive clinical response to therapy (e.g., decrease in seizures)? ACTION REQUIRED: If Yes, please attach supporting chart note(s). **Y** ☐ **N** ☐
   ACTION REQUIRED: Submit supporting documentation

5. Does the patient have a confirmed pathogenic or likely pathogenic mutation in the CDKL5 gene? ACTION REQUIRED: If Yes, please attach supporting chart note(s) or medical records of enzyme assay or genetic testing. **Y** ☐ **N** ☐
   ACTION REQUIRED: Submit supporting documentation

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.