

Prior Authorization Form

CVS-CAREMARK FAX FORM

Exelon

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.

Please contact CVS|Caremark at 1-888-414-3125 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Exelon.

Drug Name (select from list of drugs shown)

Exelon (rivastigmine)

Patient Information

Patient

Name: _____

Patient ID: _____

Patient

Group No.: _____

Patient

DOB: _____

Prescribing Physician

Physician

Name: _____

Physician

Phone: _____

Physician

Fax: _____

Physician

Address: _____

City, State, _____

Zip: _____

Diagnosis: _____

ICD

Code: _____

Please circle the appropriate answer for each applicable question.

- | | | | |
|----|---|---|---|
| 1. | Does the patient have a diagnosis of mild to moderate dementia of the Alzheimer's type?
[If the answer to this question is yes, then skip to question 4.] | Y | N |
| 2. | Does the patient have a diagnosis of mild to moderate dementia associated with Parkinson's disease?
[If the answer to this question is yes, then skip to question 4.] | Y | N |
| 3. | Does the patient have a diagnosis of dementia with Lewy bodies?
[If the answer to this question is no, then no further questions are required.] | Y | N |
| 4. | Has the patient been receiving Exelon within the previous 6 months?
[If the answer to this question is yes, then skip to question 6.] | Y | N |
| 5. | Has the patient had a comprehensive assessment in the previous 6 months, including a validated cognitive assessment, that supports the diagnosis of mild to moderate dementia of the Alzheimer's type, mild to moderate dementia associated with Parkinson's Disease, or dementia with Lewy bodies? | Y | N |

[Examples of validated cognitive assessments include: Mini-Mental State Exam (MMSE-adjusted for age/education), Alzheimer's Disease Assessment Scale, Cognitive Subsection (ADAS-Cog), Blessed Information-memory Concentration Test (BIMC), Cambridge Cognitive Examination

(CAMCog), etc.]

[No further questions are required.]

- | | | | |
|----|---|---|---|
| 6. | Since the last approval, has the prescriber assessed (through a comprehensive set of evaluations including standard cognitive assessments like CAMCog, MMSE, ADAS-Cog, BIMC, etc.) whether the drug continues to provide benefits to the patient in terms of preservation of ADLs (Activities of Daily Living) / IADLs (Instrumental Activities of Daily Living)? | Y | N |
|----|---|---|---|

Comments: _____

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date