

Prior Authorization Form

GEHA FEDERAL - STANDARD OPTION

Relenza Post Limit

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 **1-800-294-5979** with questions regarding the prior authorization process.
When conditions are met, we will authorize the coverage of Relenza Post Limit.

Drug Name (select from list of drugs shown)

Relenza (zanamivir)

Quantity

Frequency

Strength

Route of Administration

Expected Length of Therapy

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is the requested drug being prescribed for the prophylaxis (prevention) or the treatment of influenza A or B viral infection?

Y N

2. Is oseltamivir (Tamiflu) the drug being prescribed?

Y N

[If no, then skip to question 11.]

3. Is oseltamivir (Tamiflu) being prescribed for a continuation of therapy for a patient currently using the drug for prophylaxis after exposure to a community outbreak?

Y N

[If no, then skip to question 7.]

4. Does the patient require additional quantity for more than any of the following: A) oseltamivir (Tamiflu) 75mg: 28 Capsules, B) oseltamivir (Tamiflu) 45mg: 28 Capsules, C) oseltamivir (Tamiflu) 30mg: 56 Capsules, or D) oseltamivir (Tamiflu) Suspension: 360mL (6 bottles)?	<input type="text"/> Y <input type="text"/> N
[If no, then no further questions.]	
5. Is oseltamivir (Tamiflu) being prescribed for a patient with immune deficiencies following close contact with another person with influenza?	<input type="text"/> Y <input type="text"/> N
[If no, then no further questions.]	
6. Does the patient require additional quantity for more than any of the following: A) oseltamivir (Tamiflu) 75mg: 70 Capsules, B) oseltamivir (Tamiflu) 45mg: 70 Capsules, C) oseltamivir (Tamiflu) 30mg: 140 Capsules, or D) oseltamivir (Tamiflu) Suspension: 900mL (15 bottles)?	<input type="text"/> Y <input type="text"/> N
[No further questions.]	
7. Is oseltamivir (Tamiflu) being prescribed for any of the following: A) Treatment in a patient with severe, complicated, or progressive illness, B) Treatment in a patient who is at higher risk for influenza complications, C) Treatment in a patient 2 weeks of age or older with an onset of symptoms within the previous 48 hours (2 days), or D) Prophylaxis in a patient 3 months of age or older following close contact with another person with influenza?	<input type="text"/> Y <input type="text"/> N
[If no, then skip to question 9.]	
8. Does the patient require more than any of the following: A) oseltamivir (Tamiflu) 75mg: 10 Capsules, B) oseltamivir (Tamiflu) 45mg: 10 Capsules, C) oseltamivir (Tamiflu) 30mg: 20 Capsules, or D) oseltamivir (Tamiflu) Suspension: 180mL (3 bottles)?	<input type="text"/> Y <input type="text"/> N
[No further questions.]	
9. Is oseltamivir (Tamiflu) being prescribed for prophylaxis in a patient 3 months of age or older who has been exposed to a community outbreak?	<input type="text"/> Y <input type="text"/> N
[If no, then no further questions.]	
10. Does the patient require more than any of the following: A) oseltamivir (Tamiflu) 75mg: 42 Capsules, B) oseltamivir (Tamiflu) 45mg: 42 Capsules, C) oseltamivir (Tamiflu) 30mg: 84 Capsules, or D) oseltamivir (Tamiflu) Suspension: 540mL (9 bottles)?	<input type="text"/> Y <input type="text"/> N
[No further questions.]	
11. Is Relenza (zanamivir) being prescribed for any of the following: A) Treatment in a patient 7 years of age and older with severe, complicated, or progressive illness, B) Treatment in a patient 7 years of age and older who is at higher risk for influenza complications C) Treatment in a patient 7 years of age or older with an onset of symptoms within the previous 48 hours (2 days), D) Prophylaxis in a	<input type="text"/> Y <input type="text"/> N

<p>patient 5 years of age or older following close contact with another person with influenza within the previous 36 hours (1.5 days), or E) Continuation of therapy for a patient currently using the drug for prophylaxis after exposure to a community outbreak?</p>	
<p>[If no, then skip to question 13.]</p>	
<p>12. Does the patient require more than 20 Blisters (10 doses)?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>[No further questions.]</p>	
<p>13. Is Relenza (zanamivir) being prescribed for prophylaxis in a patient 5 years of age or older who has been exposed to a community outbreak of influenza within the previous 5 days?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>14. Does the patient require more than 60 Blisters (30 doses)?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

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

<p>Prescriber (Or Authorized) Signature and Date</p>