

Prior Authorization Form

GEHA FEDERAL - STANDARD OPTION

Tamiflu 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 Tamiflu Post Limit.

Drug Name
(specify drug) _____

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>