



## Cimzia

### HMSA Medicare Advantage - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Patient's Phone Number:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

#### Additional Demographic Information:

*Patient Weight:* \_\_\_\_\_ kg  
*Patient Height:* \_\_\_\_\_ ft \_\_\_\_\_ inches

#### Indicate where the drug is being dispensed:

- Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital
- Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center
- Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice
- Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility
- Psychiatric Facility  Pharmacy  Other

#### Indicate where the drug is being administered:

- Ambulatory surgical  Home  Inpatient Hospital
- Office  Outpatient Hospital  Pharmacy

What is the ICD-10 code? \_\_\_\_\_

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

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**CVS Caremark Specialty Programs • 2969 Mapunapuna Place • Honolulu, HI 96819**  
**Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • www.caremark.com**

**Criteria Questions:**

1. Is the patient currently receiving treatment with Cimzia?

- Yes, *Continue to #2*
- No, *Continue to #100*

2. What is the patient's diagnosis?

- Moderately to severely active Crohn's disease, *Continue to #10*
- Moderately to severely active rheumatoid arthritis, *Continue to #10*
- Psoriatic arthritis, *Continue to #10*
- Active ankylosing spondylitis, *Continue to #10*
- Active axial non-radiographic spondyloarthritis, *Continue to #10*
- Moderate to severe plaque psoriasis, *Continue to #10*
- Immune checkpoint inhibitor-related toxicity – inflammatory arthritis, *Continue to #10*
- Other, *Continue to #10*

**Continuation**

10. Is the patient receiving benefit from therapy with the requested drug? ***If Yes, chart notes or medical record documentation supporting positive clinical response to therapy must be submitted upon request***

- Yes, *No Further Questions*
- No, *No Further Questions*

**Initial**

100. What is the patient's diagnosis?

- Moderately to severely active Crohn's disease, *No Further Questions*
- Moderately to severely active rheumatoid arthritis, *No Further Questions*
- Active psoriatic arthritis, *No Further Questions*
- Active ankylosing spondylitis, *No Further Questions*
- Active non-radiographic axial spondyloarthritis, *No Further Questions*
- Moderate to severe plaque psoriasis, *No Further Questions*
- Moderate or severe immunotherapy-related inflammatory arthritis, *No Further Questions*
- Other, *No Further Questions*

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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