



## Elelyso

### 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 copy 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](http://www.caremark.com)**

**Criteria Questions:**

1. What is the diagnosis?  
 Gaucher disease, *Continue to #2*  
 Other, *No Further Questions*
2. Which type of Gaucher disease does the patient have?  
 Type 1, *Continue to #3*  
 Type 2, *Continue to #3*  
 Type 3, *Continue to #3*  
 Other, *Continue to #3*
3. Is the patient currently receiving treatment with the requested drug?  
 Yes, *Continue to #4*  
 No, *Continue to #10*

**Continuation**

4. Is the patient receiving benefit from therapy, defined as not experiencing an inadequate response or any  
 Yes, *No Further Questions*  
 No, *No Further Questions*

**Initial - Gaucher disease type 1, type 2, and type 3**

10. Was the diagnosis confirmed by enzyme assay demonstrating a deficiency of beta -glucocerebrosidase (glucosidase) enzyme activity OR by genetic testing? If 'Yes', beta-glucocerebrosidase enzyme assay or genetic testing results supporting diagnosis must be available upon request  
 Yes, *No Further Questions*  
 No, *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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