



Tepezza

HMSACOM - 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

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Tepezza HMSACOM C28157-A – 01/2025.

CVS Caremark Specialty Programs • 2969 Mapunapuna Place • Honolulu, HI 96819
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Criteria Questions:

1. What is the diagnosis?
 Thyroid eye disease (TED), *Continue to #2*
 Other, *Continue to Criteria Exception Policy*
2. Will the requested medication be prescribed by or in consultation with an ophthalmologist?
 Yes, *Continue to #3*
 No, *Continue to #3*
3. Has the patient previously received treatment with the requested medication?
 Yes, *Continue to #4*
 No, *Continue to #4*
4. Does the patient have moderate-to-severe disease? **ACTION REQUIRED:** *If Yes, please attach supporting chart note(s) or medical record indicating moderate-to-severe disease assessment*
 Yes, *Continue to #5*
 No, *Continue to #5*
5. Does the patient have active or inactive disease?
 Yes, *Continue to #6*
 No, *Continue to #6*
6. Which of the following applies to the patient?
 Lid retraction greater than or equal to 2 mm, *Continue to #7*
 Moderate or severe soft-tissue involvement, *Continue to #7*
 Exophthalmos greater than or equal to 3 mm above normal for race and gender, *Continue to #7*
 Inconstant or constant diplopia, *Continue to #7*
 None of the above, *Continue to #7*
7. Is the patient 18 years of age or older?
 Yes, *Continue to #8*
 No, *Continue to #8*
8. Does the patient exceed a one-time treatment course consisting of 8 infusions given once every 3 weeks (e.g., 10 mg/kg on first infusion, followed by 20 mg/kg every 3 weeks for 7 additional infusions)?
 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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