



Vimizim

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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

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. What is the diagnosis?

- Mucopolysaccharidosis IVA (MPS IVA), *Continue to #2*
 Other, *No Further Questions*

2. Is the patient currently receiving treatment with Vimizim?

- Yes, *Continue to #3*
 No, *Continue to #4*

3. Is the patient receiving benefit from therapy while on the current regimen, defined as a clinically positive response to therapy which shall include improvement, stabilization, or slowing of disease progression? If 'yes', chart notes documenting a clinically positive response to therapy which shall include improvement, stabilization, or slowing of disease progression must be submitted upon request

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

Mucopolysaccharidosis IVA

4. Was the diagnosis confirmed by enzyme assay demonstrating a deficiency of N-acetylgalactosamine 6-sulfatase enzyme activity OR by genetic testing? If 'yes', N-acetylgalactosamine 6-sulfatase enzyme assay or genetic testing results supporting diagnosis must be submitted 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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