

## Haegarda

### 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 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. 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:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_, **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Physician Office Fax:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the diagnosis?  
 Hereditary angioedema (HAE) with C1 inhibitor deficiency confirmed by laboratory testing  
 HAE with normal C1 inhibitor confirmed by laboratory testing  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. *If patient's diagnosis is HAE with normal C1 inhibitor confirmed by laboratory testing*, which of the following conditions does the patient have?  
 F12 gene mutation as confirmed by genetic testing  
 Family history of angioedema AND angioedema refractory to a trial of antihistamine (e.g. cetirizine) ≥ one month  
 Other \_\_\_\_\_
4. Is Haegarda being used to prevent future HAE attacks?  Yes  No
5. Has the patient experienced an inadequate response or intolerance to danazol? *If Yes, skip to #7*  Yes  No
6. Does the patient have a clinical reason to avoid danazol?  
 Yes - Breast feeding  Yes - Undiagnosed abnormal genital bleeding  
 Yes - Porphyria  Yes - Androgen-dependent tumor  
 Yes - Prepubertal child  Yes - Active thrombosis or history of thromboembolic disease  
 Yes - Pregnancy (the patient is currently pregnant or may become pregnant)  
 Yes - Other: \_\_\_\_\_  
 No clinical reason to avoid danazol
7. Has the patient received treatment with Haegarda? ***ACTION REQUIRED: Attach documentation of C4 levels and C1 inhibitor functional and antigenic protein levels.***  Yes  No *If No, no further questions*
8. Has the patient experienced reduction in frequency, severity and duration of attacks since starting treatment?  
 Yes  No

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*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 Signatory

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155