

Radicava
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

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 1-855-330-1720.** 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: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____

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*

Criteria Questions:

1. What is the diagnosis?
 Amyotrophic lateral sclerosis (ALS)
 Other _____
2. What is the ICD-10 code? _____
3. Is the diagnosis classified as definite or probable ALS? Yes No
4. Is this request for continuation of therapy with Radicava? *If Yes, skip to #8* Yes No
5. What is the duration of ALS disease symptoms (ie, time since first symptom of ALS)? _____ months
6. Is the patient's functional ability retained for most activities of daily living (ADLs)? Yes No
7. Does the patient require either noninvasive or invasive ventilatory support? Yes No *Skip to #10*
8. Is treatment with Radicava providing a clinical benefit such as stabilization of functional ability or maintenance of activities of daily living (ADLs)? Yes No
9. Does the patient require invasive ventilatory support (eg, tracheostomy and mechanical ventilation)?
 Yes No
10. Is Radicava prescribed by, or in consultation with, a neuromuscular specialist? 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 Signature

Date (mm/dd/yy)