

Sensipar® – Prior Authorization Request

Send completed form to: Case Review Unit CVS/caremark Specialty Programs Fax: 866-249-6155

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 866-249-6155.** If you have questions regarding the prior authorization, please contact CVS/caremark at **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® 800-237-2767.

Patient Name:	Date:
Patient's ID:	Patient's Date of Birth:
Physician's Name:	
Specialty:	NPI#:
Physician Office Telephone:	Physician Office Fax:

1. Which drug is being prescribed? Sensipar®
 Other _____
2. What is the patient's diagnosis?
 Secondary Hyperparathyroidism
 Parathyroid carinom
 Primary Hyperparathyroidism
 Other _____
3. What is the ICD code? _____
4. What is the patient's serum calcium level (corrected for albumin)? _____ mg/dL
 Corrected total calcium = measured total calcium + 0.8 (4.0 – serum albumin)
5. What is the patient's intact parathyroid hormone (iPTH) level? _____ pg/mL
6. If patient's intact parathyroid hormone (iPTH) level is less than 150 pg/mL, will Sensipar® does be reduced or withheld?
 Yes No
7. Is the patient experiencing symptoms of hypocalcemia? Yes No
8. Will the Sensipar dose be withheld until serum calcium levels reach 8 mg/dL or symptoms of hypocalcemia resolve?
 Yes No
9. Is the patient currently on Sensipar® therapy? Yes No

Section A: Secondary Hyperparathyroidism

10. Is the patient currently receiving regular dialysis treatments? If yes, no further questions. Yes No
11. Is the patient post-kidney transplant? Yes No

Section B: Primary Hyperparathyroidism

12. Is the patient able to undergo parathyroidectomy? Yes No

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)

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.