



Vidaza (azacitidine) Prior Authorization Request

CVS Caremark administers the medical drug prior authorization program on behalf of Harvard Pilgrim Health Care. Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form to CVS Caremark, toll-free at 1-844-851-0882** to initiate the review process. If you have questions regarding the prior authorization please contact CVS Caremark at 1-844-387-1435.

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: _____
Physician's Name: _____	NPI#: _____
Specialty: _____	HPHC Provider ID _____
Physician Office Telephone: _____	Physician Office Fax: _____
Rendering Provider Info: <input type="checkbox"/> Same as Requesting Provider	HPHC Provider ID: _____
Name: _____	NPI#: _____
Fax: _____ Phone: _____	Provider Tax ID: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Please indicate the place of service for the requested drug:

- Ambulatory Surgical
 Home
 Inpatient Hospital
 Off Campus Outpatient Hospital
 On Campus Outpatient Hospital
 Office
 Pharmacy

Drug Information:

Strength/Measure _____ **Units** ml Gm mg ea Un
Directions(sig) _____ **Route of administration** _____
Dosing frequency _____

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Vidaza (azacitidine) SGM – 01/2019.

**CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com**

Criteria Questions:

1. Which drug is being prescribed?
 Vidaza (branded agent) Azacitidine (generic agent) Other _____
2. What is the diagnosis?
 Myelodysplastic syndrome (MDS)
 Acute myeloid leukemia (AML)
 Accelerated phase or blast phase myelofibrosis
 Other _____
3. What is the ICD-10 code? _____

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)

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Vidaza (azacitidine) SGM – 01/2019.

CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com