CareFirst
The CareFirst BlueCross BlueShield family of health care plans

CVS/caremark

Cytogam

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.

Patient's Name: _____ **Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
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*

Criteria Questions:

1. What drug is being prescribed? ❑ Cytogam ❑ Other _____
2. What is the ICD-10 code? _____
3. Does the patient have any of the following contraindications to the use of Cytogam?
   Indicate below or mark "None of the above".
   ❑ History of a prior severe reaction associated with the administration of Cytogam or any other human immunoglobulin preparations.
   ❑ A selective IgA deficiency with antibodies to IgA **and** a history of anaphylactic reactions to human immune globulin preparations
   ❑ None of the above
4. Is the patient a transplant recipient? *If Yes, skip to #6* ❑ Yes ❑ No
5. Is Cytogam requested for a pregnant patient with cytomegalovirus (CMV) infection?
   ❑ Yes ❑ No *No further questions*
6. What type of transplant?
   ❑ Solid organ (e.g., heart, liver, lung) ❑ Bone marrow ❑ Other _____

Complete the following section based on the type of transplant.

Section A: Solid Organ

7. Is Cytogam requested for the prevention of CMV disease? ❑ Yes ❑ No

Section B: Bone Marrow

8. Has the patient developed CMV pneumonitis? ❑ Yes ❑ No
9. Is Cytogam used in combination with an antiviral medication? ❑ 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)**