Exjade, Jadenu

Prior Authorization Request

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

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 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.

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. Which drug is being prescribed? ❑ Exjade ❑ Jadenu ❑ Other _____

2. What is the diagnosis?
   ❑ Chronic iron overload due to blood transfusions
   ❑ Chronic iron overload due to non-transfusion-dependent thalassemia syndromes
   ❑ Other _____

3. What is the ICD-10 code? _____

Complete the following question if patient has chronic iron overload due to blood transfusions

4. What is the patient's **PRETREATMENT** serum ferritin level? _____ mcg/L
   Note: If the patient is currently on therapy for iron overload, provide the patient's serum ferritin level before patient initiated therapy.

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)**