



GamaSTAN

Prior Authorization Request

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 **1-888-877-0518**. 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: _____

Referring Provider Info: Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

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

Required Demographic Information:

Patient Weight: _____ *kg*
Patient Height: _____ *cm*

Please indicate the place of service for the requested drug:

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

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

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. GamaSTAN, GamaSTAN S/D SGM - 01/2022.

**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

Criteria Questions:

1. What is the intended use for GamaSTAN?
 Prophylaxis of hepatitis A
 Prophylaxis of measles (rubeola)
 Prophylaxis of varicella (chickenpox)
 Prophylaxis of rubella
 Other _____
2. What is the ICD-10 code? _____

Complete the following section based on the intended use, if applicable.

Section A: Hepatitis A Prophylaxis

3. Was the patient exposed to hepatitis A virus within the past 2 weeks (e.g., household contact, sexual contact, childcare center or classroom contact with an infected person)? Yes No *If No, skip to #6*
4. Is the patient exhibiting clinical manifestation of disease? Yes No *No further questions*
5. Is the patient at high risk for exposure to hepatitis A virus (examples of populations at high risk for hepatitis A are travelers to and workers in countries of high endemicity of infection and illicit drug users)? Yes No

Section B: Measles Prophylaxis

6. Was the patient exposed to measles within the past 6 days? Yes No
7. Has the patient ever received the measles vaccine (e.g., MMR)? Yes No
8. Has the patient ever had the measles? Yes No

Section C: Varicella Prophylaxis

9. Was the patient exposed to varicella within the past 10 days? Yes No
10. Is the patient at high risk for severe varicella (e.g., immunocompromised, newborn/infant, pregnant woman)?
 Yes No
11. Is varicella zoster immune globulin (e.g., Varizig®) not currently available? Yes No

Section D: Rubella Prophylaxis

12. Was the patient recently exposed to rubella? Yes No
13. Is the patient currently pregnant? 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)

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