



**Pyrukynd
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 1-866-249-6155.** 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.

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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. What is the diagnosis?
 Hemolytic anemia with pyruvate kinase (PK) deficiency
 Other _____
2. What is the ICD-10 code? _____
3. Is the patient currently receiving treatment with Pyrukynd? Yes No *If No, skip to #5*
4. Has the patient achieved or maintained a positive clinical response to therapy (e.g., improvement in hemoglobin levels, reduction in blood transfusions)? **ACTION REQUIRED: If Yes, attach supporting documentation (e.g., chart notes) confirming positive clinical response.** Yes No *No further questions*
5. Has patient's diagnosis been confirmed by one of the following tests?
 Yes - Enzyme assay
 Yes - Genetic testing, *skip to #7*
 Unknown/Other: _____
6. Does the enzyme assay testing demonstrate a deficiency of PK enzyme activity? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record documentation of enzyme assay confirming a deficiency of PK enzyme activity.** Yes No *Skip to #8*
7. Does the genetic testing demonstrate a presence of at least 2 mutant alleles in the PKLR gene, of which at least 1 is a missense mutation? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record documentation of genetic testing confirming 2 mutant alleles in the PKLR gene, with at least 1 being a missense mutation.** Yes No
8. Does the patient have a history of a minimum of 6 blood transfusions in the past 52 weeks? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record documentation confirming number of blood transfusions and no further questions.** Yes No

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

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9. Does the patient have a hemoglobin concentration less than or equal to 10.0 g/dL? ***ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record documentation confirming hemoglobin concentration.***
 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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