

Thalomid
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 copy 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: _____ NPI#: _____
Specialty: _____ Physician Office Telephone: _____ Physician Office Fax: _____
Request Initiated For: _____

1. What is the patient's diagnosis?
- Multiple myeloma
 - Recurrent HIV-associated aphthous ulcers
 - Behcet's syndrome
 - Myelofibrosis-related anemia
 - Systemic light chain amyloidosis
 - Erythema nodosum leprosum
 - Crohn's disease
 - Kaposi's sarcoma
 - Chronic graft-versus-host disease
 - Waldenström's macroglobulinemia/lymphoplasmacytic leukemia
 - Multicentric Castleman's disease
 - Recurrent aphthous stomatitis
 - Cachexia
 - HIV-associated diarrhea
 - Other _____

2. What is the ICD-10 code? _____

Complete the following section based on patient's diagnosis, if applicable.

Section A: Cachexia

3. Is the cachexia due to HIV-infection or cancer? Yes No

Section B: Kaposi's Sarcoma

4. Does the patient have HIV infection? 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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