



**Welireg  
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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do\_not\_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

**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?
  - von Hippel-Lindau associated renal cell carcinoma (RCC)
  - von Hippel-Lindau associated central nervous system (CNS) hemangioblastomas
  - von Hippel-Lindau associated pancreatic neuroendocrine tumors (pNET)
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is the patient currently receiving treatment with the requested medication?  Yes  No *If No, skip to #5*
4. Has the patient experienced disease progression or an unacceptable toxicity while on the current regimen?  
 Yes  No *No further questions.*
5. Has the diagnosis been confirmed by genetic testing? **ACTION REQUIRED: If Yes, attach laboratory report of genetic testing confirming germline VHL alteration.**  Yes  No  Unknown
6. Does the patient require immediate surgery?  Yes  No
7. *If the diagnosis is von Hippel-Lindau associated renal cell carcinoma (RCC) or von Hippel-Lindau associated central nervous system (CNS) hemangioblastomas, will the requested medication be used as a single agent?*
  - Yes
  - No
  - N/A, diagnosis is NOT von Hippel-Lindau associated renal cell carcinoma (RCC) or von Hippel-Lindau associated central nervous system (CNS) hemangioblastomas

***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)**