Health Partners
A part of Jefferson Health Plans

HEALTH PARTNERS PLANS
2024 PRIOR AUTHORIZATION REQUEST FORM

Antivirals - Cytomegalovirus (CMV)

Phone: 215-991-4300 **Fax back to: 866-240-3712**

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Patient Name:	Prescriber Name:	
HPP HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is the patient prescribed the Antiviral, CMV for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication?

☐ Yes ☐ No

Q2. Is the patient of an appropriate age for the requested drug according to Food and Drug Administration (FDA) approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q3. Is the patient prescribed a dose and duration of therapy that are consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q4. Does the patient have a contraindication to the requested medication?

☐ Yes ☐ No

Q5. Is this a request for Prevymis (letermovir)?

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☐ Yes ☐ No

Q6. Is Prevymis (letermovir) being prescribed by or in consultation with an appropriate specialist (i.e., hematologist/oncologist, infectious disease specialist, or transplant specialist)?

☐ Yes ☐ No

Q7. For Prevymis (letermovir): Does the patient meet on of the following in accordance with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature: A) Is cytomegalovirus (CMV) seropositive? OR B) Is at a high risk of cytomegalovirus (CMV) reactivation?

☐ Yes ☐ No

Q8. For Prevymis (letermovir) one of the following: A) Is prescribed letermovir for continuation of treatment upon inpatient discharge. B) Will initiate treatment with letermovir in the post-transplant period in accordance with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q9. For Livtencity (maribavir): Is being prescribed by or in consultation with an appropriate specialist (i.e., hematologist/oncologist, infectious disease specialist, or transplant specialist)?

☐ Yes ☐ No

Q10. For Livtencity (maribavir): If currently taking ganciclovir or valganciclovir, will discontinue ganciclovir or valganciclovir prior to starting maribavir?

☐ Yes ☐ No

Q11. For Livtencity (maribavir) for treatment of post-transplant CMV infection/disease, one of the following: A) Is prescribed maribavir for continuation of treatment upon inpatient discharge? B) The patient has history of therapeutic failure of or a contraindication or an intolerance to at least one of the following (Ganciclovir, Valganciclovir, Cidofovir, Foscarnet)? C) Has culture and sensitivity results documenting that only maribavir will be effective?

☐ Yes ☐ No

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Q12. For all other non-preferred Antivirals, CMV, one of the following: A) Has a history of therapeutic failure, contraindication to, or intolerance of the preferred cytomegalovirus (CMV) antiviral drugs for the patient's diagnosis or indication. B) Has culture and sensitivity results showing both of the following a) The beneficiary's infection is not susceptible to the preferred Antivirals, CMV? b) The beneficiary's infection is susceptible to the requested non-preferred Antiviral, CMV?

☐ Yes ☐ No

Q13. Additional Information:

Prescriber Signature

Date

Updated for 2024