

PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross[®] BlueShield[®] of South Carolina

| Patient Information | |
|---------------------|-----------------|
| Name: | Insurance ID #: |
| Address: | Birthdate: |

| Provider Information | |
|----------------------|------------------|
| Physician's Name: | Physician DEA #: |
| Phone: | Fax: |
| Office Address: | |
| Diagnosis: | ICD-9 Code: |

When this form is complete, please fax to Caremark at 888-836-0730.

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Does the patient have a diagnosis of secondary hyperparathyroidism?
[If the answer to this question is no, skip to question 9.] Y N
2. Is the secondary hyperparathyroidism due to chronic kidney disease?
[If the answer to this question is no, no further questions are required.] Y N
3. Is the patient receiving regular dialysis treatments?
[If the answer to question is no, no further questions are required.] Y N
4. Does the patient have a serum calcium level greater than 8.4 mg/dL (corrected for albumin)?
Corrected total calcium = measured total calcium + 0.8 (4.0 – serum albumin).
[If the answer to this question is no, no further questions are required.] Y N
5. Is the patient currently receiving Sensipar therapy?
[If the answer to this question is no, skip to question 8.] Y N
6. Does the patient have an intact parathyroid hormone (iPTH) level less than 150 pg/mL?
[If the answer to this question is no, skip to question 8.] Y N
7. Will the Sensipar dose be reduced or therapy discontinued?
[If the answer to this question is no, no further questions are required.] Y N
8. Will the serum calcium, phosphorus and iPTH levels be monitored during therapy?
[No further questions are required.] Y N

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9. Does the patient have diagnosis of primary hyperparathyroidism?
[If the answer to this question is yes, skip to question 11.] Y N
10. Does the patient have a diagnosis of parathyroid carcinoma?
[If the answer to this question is no, no further questions are required.] Y N
11. Does the patient have a serum calcium level greater than 8.4 mg/dL (corrected for albumin)?
Corrected total calcium = measured total calcium + 0.8 (4.0 – serum albumin).
[If the answer to this question is no, no further questions are required.] Y N
12. Will the serum calcium and iPTH be monitored during therapy? Y N

Comments: _____

Information on this form is accurate as of the date below.

| | |
|--------------------------------|--------------|
| Prescriber's Signature: | Date: |
|--------------------------------|--------------|