

Prescriber Criteria Form

Jynneos 2025 PA Fax BD-25 v1 010125.docx
Jynneos (vaccinia virus modified strain ankara-bavarian nordic non-replicating antigen)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**.

Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Jynneos (vaccinia virus modified strain ankara-bavarian nordic non-replicating antigen).

Drug Name:

Jynneos (vaccinia virus modified strain ankara-bavarian nordic non-replicating antigen)

Patient Name:

Patient ID:

Patient DOB:

Patient Phone:

Prescriber Name:

Prescriber Address:

City:

State:

Zip:

Prescriber Phone:

Prescriber Fax:

Diagnosis:

ICD Code(s):

Please circle the appropriate answer for each question.

1	Has the patient been directly exposed to the monkeypox virus?	Yes	No
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Comments:

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ Date: _____