

Prescriber Criteria Form

Jynneos 2026 PA Fax BD-25 v1 010126.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:** \_\_\_\_\_