CAREFIRST - DC EXCHANGE 5T
Antiemetics Post Limit (HMF)

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 855-582-2022 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Antiemetics Post Limit (HMF).

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group No:

Patient DOB: / /

Prescribing Physician

Physician Name:

Physician Phone: - -

Physician Fax: - -

Physician Address:

City, State, Zip:

Drug Name (specify drug) _____

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

1. Is this request for Zofran, Zuplenz or ondansetron? **Y** ☐ **N** ☐
2. Is the patient pregnant with the diagnosis of Hyperemesis Gravidarum and a documented risk for hospitalization? **Y** ☐ **N** ☐
3. Has the patient experienced an inadequate treatment response, intolerance, or contraindication to TWO of the following medications: A) vitamin B6, B) vitamin B6 in combination with doxylamine, C) doxylamine/pyridoxine extended-release (Bonjesta), D) doxylamine/pyridoxine delayed-release (Diclegis), E) promethazine (Phenergan), F) trimethobenzamide (Tigan), G) metoclopramide (Reglan), H) diphenhydramine (Benadryl), I) dimenhydrinate (Dramamine)? **Y** ☐ **N** ☐
4. Is the patient receiving radiation therapy or moderate to highly emetogenic chemotherapy? **Y** ☐ **N** ☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

_____

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.