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This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS|Caremark at 1-888-836-0730. Please contact CVS|Caremark at 1-888-413-2723 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Patient Information

Patient Name: [Grid of 24 boxes]

Patient Phone: [Grid of 12 boxes with dashes]

Patient ID: [Grid of 16 boxes]

Patient Group No: [Grid of 16 boxes]

Patient DOB: [Grid of 12 boxes with slashes]

Prescribing Physician

Physician Name: [Grid of 24 boxes]

Physician Phone: [Grid of 12 boxes with dashes]

Physician Fax: [Grid of 12 boxes with dashes]

Physician Address: [Grid of 24 boxes]

City, State, Zip: [Grid of 24 boxes]

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 the requested drug being prescribed for the treatment of coronavirus disease 2019 (COVID-19)? **Y** **N**

[Note: Initial quantity limits allow for a sufficient quantity of the requested drug to treat coronavirus disease 2019 (COVID-19). A maximum of 40 tablets of chloroquine 250mg, 20 tablets of chloroquine 500mg, or 22 tablets of hydroxychloroquine is available without prior authorization.]

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.

