

137619

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:	
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:	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 human immunodeficiency virus (HIV)? [Note: Initial quantity limits allow for a sufficient quantity of the requested drug to treat coronavirus disease 2019 (COVID-19). A maximum of 112 tablets of 100-25mg, 56 tablets of 200-50mg, or 160 mL of 400-100mg/5mL solution 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.