CAREFIRST - DC EXCHANGE 5T

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 the medication.

	ent Information					
Patier	nt Name:					
Patier	nt Phone:					
Patier	nt ID:					
Patier	nt Group:					
Patier	nt DOB:					
Physi	sician Information					
Physi	ician Name					
Physi	ician Phone:					
Physi	ician Fax:					
Physi	ician Addr.:					
City, S	St, Zip:					
Drug	Name:					
Quantity: Frequency: Strength:						
Quant	tity: Strength:					
	tity: Strength:e of Administration: Expected Length of Thera					
Route		ару:				
Route Diagn	e of Administration: Expected Length of Thera	ару:				
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Route Diagn Comn Pleas 1.	e of Administration: Expected Length of Theranosis: ICD Code: ments: see check the appropriate answer for each applicable question. Preferred products are available at a lower cost. Can your patient be switched preferred product? Is the request for Freestyle Diabetic test strips? Are the Freestyle Diabetic test strips for use in association with an OmniPod in	to a	Y Y		N	
Pleas 1. 2. 3.	e of Administration: Expected Length of Theranosis: ICD Code: ments: see check the appropriate answer for each applicable question. Preferred products are available at a lower cost. Can your patient be switched preferred product? Is the request for Freestyle Diabetic test strips? Are the Freestyle Diabetic test strips for use in association with an OmniPod in pump? Is the patient using a Medtronic MiniMed 530G, MiniMed 630G, MiniMed 670G	to a	Y Y Y		N N N	

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.