

CAREFIRST VA

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 855-582-2038 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Patient Information

Patient Name: [grid]
Patient Phone: [grid]
Patient ID: [grid]
Patient Group: [grid]
Patient DOB: [grid]

Physician Information

Physician Name [grid]
Physician Phone: [grid]
Physician Fax: [grid]
Physician Addr.: [grid]
City, St, Zip: [grid]

Drug Name (select from list of drugs shown)

Tetracycline 500mg Capsules Tetracycline 250mg Capsules

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 used in a footbath? Y [] N []
2. Is the requested drug being prescribed for the treatment of Plague caused by Yersinia pestis? Y [] N []
3. Does the patient require more than the plan allowance of 240 capsules per month? Y [] N []
4. Is the requested drug being prescribed for the treatment of Melioidosis caused by Burkholderia pseudomallei? Y [] N []
5. Does the patient require more than the plan allowance of 180 capsules per month? 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.