

New to Market Drugs Formulary Medical Necessity – Prior Authorization Request

Send completed form to: CVS/caremark Fax: 888-487-9257

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-888-487-9257**. Please contact CVS/Caremark at **1-800-294-5979** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of New to Market Drugs (FA-EXC).

Patient Name:	Date:
Patient's ID:	Patient's Group #:
Patient's Date of Birth:	Patient's Phone:
Physician's Name:	
Physician's Address:	
Specialty:	NPI #:
Physician Office Telephone:	Physician Office Fax:

1. What drug is being prescribed?
 Other, please specify _____
 Quantity: _____ Frequency: _____ Strength: _____
 Route of administration: _____ Expected Length of Therapy: _____
2. What is the patient's diagnosis? _____
3. What is the ICD code? _____
4. Is the requested drug being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)? Yes No
5. Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below? Yes No (If yes, no further questions)
6. Is this the only product the patient can use for their condition? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS/caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date: (mm/dd/yy)**

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