CAREFIRST

Opioid Containing Cough and Cold Products Limit, Post PA

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 Opioid Containing Cough and Cold Products Limit, Post PA.

Patie	nt Informat	ion				
Patier	nt Name:					
Patier	nt Phone:					
Patier	nt ID:					
Patier	nt Group:					
Patier	nt DOB:					
Physician Information						
Physi	cian Name					
Physi	cian Phone:					
Physi	cian Fax:					
Physi	cian Addr.:					
City, S	St, Zip:					
Drug	Name (spe	cify drug)				
	 					
Quant	tity:	Frequency: Strength:				
Route of Administration: Expected Length of Therapy:						_
Diagnosis: ICD Code:						
Comn	nents:					
Pleas	se check the	e appropriate answer for each applicable question.				
1.		tient have a persistent cough requiring treatment beyond 7 days?	Υ		N	
2.		ient been reevaluated for the cause of the cough to address any underlying such as foreign body or lower respiratory tract disease?	Y		N	
3.		ed for continued use of the requested drug been assessed considering the dence of adverse reactions and the development of addiction, abuse, or	Y		N	
		dication requested is medically necessary for this patient. I further attest that the				

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.