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This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at . 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 Name: _____ **Date:** 4/21/2026
Patient ID: _____ **Patient Date Of Birth:** _____
Patient Group No: _____ **Patient Phone:** _____ **Physician Name:** _____
 _____ **NPI#:** _____ **Specialty:** _____
 _____ **Physician Office Telephone:** _____

Physician Office Address: _____

Drug Name (specify drug) _____

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 prescribed for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in an adult or pediatric patient 12 years of age or older? Y N
- 2. Is this request for continuation of therapy? Y N
- 3. Has the patient experienced a positive response to therapy (e.g., reduction in pulmonary exacerbations from baseline)? Y N
- 4. Has the diagnosis been confirmed by high-resolution computed tomography (HRCT) study of the chest? Y N
- 5. Has the patient experienced a pulmonary exacerbation in the last 12 months (e.g., the presence of 3 or more of the following symptoms for at least 48 hours: increased cough; increased sputum production or change in sputum consistency; increased sputum purulence; increased breathlessness, decreased exercise tolerance, or both; fatigue, malaise, or both; or hemoptysis.)? 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.