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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:** 9/6/2024
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. What is the diagnosis?
 - Follicular thyroid cancer (If checked, go to 2) ☐
 - Medullary thyroid cancer (If checked, go to 2) ☐
 - Oncocytic/Hurthle cell thyroid cancer (If checked, go to 2) ☐
 - Papillary thyroid cancer (If checked, go to 2) ☐
 - Other, please specify. (If checked, no further questions) ☐
2. Is this a request for continuation of therapy with the requested drug? **Y** ☐ **N** ☐
3. Has the patient experienced disease progression or an unacceptable toxicity while on the current regimen? **Y** ☐ **N** ☐
4. What is the diagnosis?
 - Follicular thyroid cancer (If checked, go to 5) ☐
 - Medullary thyroid cancer (If checked, no further questions) ☐
 - Oncocytic/Hurthle cell thyroid cancer (If checked, go to 5) ☐
 - Papillary thyroid cancer (If checked, go to 5) ☐
5. Is the disease amenable to radioactive iodine (RAI) therapy? **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.