

CAREFIRST F3
Fabior

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 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Fabior.

Patient Information

Patient Name:	<input type="text"/>
Patient Phone:	<input type="text"/>
Patient ID:	<input type="text"/>
Patient Group:	<input type="text"/>
Patient DOB:	<input type="text"/>

Physician Information

Physician Name	<input type="text"/>
Physician Phone:	<input type="text"/>
Physician Fax:	<input type="text"/>
Physician Addr.:	<input type="text"/>
City, St, Zip:	<input type="text"/>

Drug Name (select from list of drugs shown)

Tazarotene Foam Fabior (tazarotene)

Quantity:	<input type="text"/>	Frequency:	<input type="text"/>	Strength:	<input type="text"/>
Route of Administration:	<input type="text"/>	Expected Length of Therapy:	<input type="text"/>		
Diagnosis:	<input type="text"/>	ICD Code:	<input type="text"/>		
Comments:	<input type="text"/>				

Please check the appropriate answer for each applicable question.

- | | | | | | |
|----|---|---|--------------------------|---|--------------------------|
| 1. | Is the requested drug being prescribed for the topical treatment of acne vulgaris? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. | Is the request for continuation of therapy? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. | Has the patient achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

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.