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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:** 6/13/2025
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?

Hereditary tyrosinemia type 1 (HT-1) (If checked, go to 2) ☐

Other, please specify. (If checked, no further questions) ☐
2. Was the diagnosis confirmed by biochemical testing (e.g., detection of succinylacetone in urine), enzyme assay, or genetic testing? ACTION REQUIRED: If Yes, attach biochemical testing, enzyme assay, or genetic testing results supporting diagnosis.
ACTION REQUIRED: Submit supporting documentation

Y ☐

N ☐
3. Will the requested drug be prescribed by or in consultation with a physician who specializes in the treatment of enzyme or metabolic disorders?

Y ☐

N ☐
4. Is this request for continuation of therapy with the requested drug?

Y ☐

N ☐
5. Is the requested drug being used as an adjunct to dietary restriction of tyrosine and phenylalanine?

Y ☐

N ☐
6. Is the patient experiencing beneficial clinical response from 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.