PA Request Criteria

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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?
   - Hypervolemic hyponatremia (If checked, go to 2) ☐
   - Euvolemic hyponatremia (If checked, go to 2) ☐
   - Other, please specify. (If checked, no further questions) ☐

   _____

2. Was the requested drug initiated (or re-initiated) in the hospital? **Y** ☐ **N** ☐
3. Was the patient's serum sodium less than 125 mEq/L at the time of therapy initiation? **Y** ☐ **N** ☐
4. Was the patient's serum sodium less than 135 mEq/L with symptoms (e.g., nausea, vomiting, headache, lethargy, confusion) at the time of therapy initiation? **Y** ☐ **N** ☐
5. Will the patient be receiving the requested medication continually for greater than 30 days? **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.