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CAREFIRST Self Injectables

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 Self Injectables.

| | | | |
|----------------------------------|-------|------------------------------------|-----------|
| Patient Name: | _____ | Date: | 6/23/2025 |
| Patient ID: | _____ | Patient Date Of Birth: | _____ |
| Patient Group No: | _____ | Patient Phone: | _____ |
| NPI#: | _____ | Physician Name: | _____ |
| 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 administered in a physician's office? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. | Is the requested drug being administered by the patient, or care provider, outside of the physician's office? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. | Has the patient and/or caregiver been trained to self-administer the requested medication? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 4. | Has the training to self-administer the requested medication been documented in the patient's chart? | 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.