

I'm not robot!

Request - Prior Authorization Request

CVS Caremark members are provided the right to file a complaint. This request form is provided as a courtesy to assist members in understanding the request process and what to do if they are denied. To file a complaint, please contact your plan administrator, your employer, or the Department of Labor. For more information, please contact the Department of Labor at 1-847-284-1414. For more information, please contact the Department of Labor at 1-847-284-1414. For more information, please contact the Department of Labor at 1-847-284-1414.

Patient's Name: _____ **Sex:** _____
Patient's DOB: _____ **Patient's State of Birth:** _____
Physician's Name: _____ **Physician's Title:** _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

- What is the patient's diagnosis? Hypertension (HTN) Other _____
- What is the ICD-10 code? _____
- Has the patient's current weight been obtained? Yes No
- Is the patient currently taking a pharmacologic (drug) treatment also with the first medical product or brand? YES NO. If the answer is "yes," please list the drug name or strength (dose) on each line of the table below. Yes No
- Is this request for initial authorization for PMS? Yes No. If No, skip to #8
- Has the patient's baseline blood cholesterol level been obtained? Yes No
- Is the patient being prescribed a dose no greater than the FDA approved maximum initial dose of 10 mg per kg per day and the maximum with Xarelto being prescribed by a physician knowledgeable in the management of children and adults with PMS? Yes No
- Is Xarelto being prescribed at an FDA approved dosage and supervised by a physician knowledgeable in the management of children and adults with PMS? Yes No
- Is this request for first authorization for PMS? Yes No. If No, skip to #10
- Are there at least two separate blood cholesterol? Yes No
- Is this request for a dose increase to 10 mg per kg per day due to lack of response to the 10 mg per kg per day dose? Yes No
- Did the patient respond to treatment and achieve a 25% or more reduction in the blood cholesterol after six months of treatment? Yes No
- Did the patient experience a reduction in blood cholesterol level of at least 25% from baseline? Yes No. If No, skip further questions

Send completed form to: CVS Caremark Mail, CVS Caremark Specialty Program Fax: 1-888-836-0730

CVS Caremark

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CLINICAL PRIOR AUTHORIZATION CRITERIA REQUEST FORM

Please complete this form and fax it to CVS Caremark at 1-888-836-0730 to receive a DRUG SPECIFIC CRITERIA FORM for prior authorization. Once received, a DRUG SPECIFIC CRITERIA FORM will be faxed to the specific physician along with patient specific information, appropriate criteria for the request and questions that must be answered. Once received, reviewed and approved an override will be processed and the pharmacist can resubmit the claim for payment. If the request is denied, the physician and patient will be sent a notification and reason for the denial.

ALL fields must be completed before faxing. Please fax the completed form to CVS Caremark at 1-888-836-0730.

SECTION I: PATIENT INFORMATION

LAST NAME, FIRST NAME (PLEASE PRINT)	DOB (MM/DD/YYYY)
STREET ADDRESS	PHONE NUMBER ()
CITY	STATE
CARDHOLDER ID #	ZIP CODE

SECTION II: DRUG INFORMATION

DRUG NAME (PLEASE PRINT)	DRUG STRENGTH
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SECTION III: PHYSICIAN INFORMATION

PHYSICIAN NAME (PLEASE PRINT)	
PHYSICIAN ADDRESS (STREET, CITY, STATE, ZIP CODE)	
PHYSICIAN PHONE NUMBER ()	PHYSICIAN FAX NUMBER ()

SIGNATURE	DATE
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DISCLAIMER: Incomplete or illegible forms and missing fields may delay the processing of your request. Please complete all fields to ensure appropriate processing.

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

PRIVACY DISCLAIMER: Plan participant privacy is important to us. Our employees are trained regarding the appropriate way to handle plan participants' private health information.

5274-13630A

Prior Authorization Form

Depo-Testosterone

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at 1-888-836-0730. When conditions are met, we will authorize the coverage of Depo-Testosterone.

Drug Name (select from list of drugs shown)
Depo-Testosterone (testosterone cypionate)

Patient Information
Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone: _____

Prescribing Physician
Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: ICD Code: _____

Please circle the appropriate answer for each question.

1. Is the patient male? Y N
[If the answer to this question is no, then no further questions are required.]

2. Does the patient have confirmed or suspected carcinoma of the prostate or breast? Y N

3. Is the patient being treated for primary hypogonadism (congenital or acquired)? Y N
[If the answer to this question is yes, then skip to question 5.]

4. Is the patient being treated for secondary (i.e. hypogonadotropic) hypogonadism (e.g., idiopathic gonadotropin or LHRH deficiency)? Y N
[If the answer to this question is no, then skip to question 6.]

5. Before the start of testosterone therapy did the patient (or does the patient currently) have a confirmed low testosterone level (i.e. morning total testosterone less than 300 ng/dL, morning free or bioavailable testosterone less than 5 ng/dL) or absence of endogenous testosterone? Y N

Allergenic Extract Claim Form CVS CAREMARK

MEMBER - PLEASE COMPLETE THIS SECTION

Member (Subscriber Information for your prescription drug claim)
Member ID: _____
Member Name (First Last): _____
Street Address: _____
City: _____ State: _____ Zip: _____

Member Information: Medicare Medicaid Other
Member Date of Birth (Month/Day/Year): _____
Member Category: Non-Dependent Dependent

PHARMACY/PHYSICIAN INFORMATION - PLEASE COMPLETE THIS SECTION

Pharmacy/Physician Information: Name of Pharmacy/Physician: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Pharmacy/Physician Signature: _____ Date: _____

What is the address for cvs caremark mail order. How to order a refill prescription cvs. How to send a prescription to cvs caremark. Cvs caremark mail order refill form.

Making sure you have access to affordable medication and convenient options for filling is our priority. Quick, easy, secure refills CVS.com® is not available to customers or patients who are located outside of the United States or U.S. territories. We apologize for any inconvenience. For U.S. military personnel permanently assigned or on temporary duty overseas, please call our Customer Service team at 1-800-SHOP CVS (1-800-746-7287) if you need assistance with your order. Meeting All Your Prescription Needs Welcome to CVS Caremark® - the pharmacy benefits manager (PBM) working with the State of Maryland to provide convenient and flexible options for the prescription drugs you and your family may need. We are here to help you save time, keep costs down and stay on track with your medications. Questions about network pharmacies or drugs covered by the plan contact Customer Care 844-460-8767 TTY 1-800-863-5488 (Non-Medicare Members) or 711 (Medicare Members) Hours of Operation are 24 hours a day, seven days a week. Questions about eligibility, enrollment, or premium contact State of Maryland Employee Benefits Division 1-410-767-4775 or 1-800-307-8283 Hours of Operations are M-F 8:30am to 4:30pm EST TTY: MD Relay 711 CVS Caremark Mail Service Pharmacy is Wellcare's preferred mail-order pharmacy. You will be able to receive up to a three-month supply of your medication right to your door. The CVS/Caremark website offers members the ability to check the status of an order or their balance, request a prescription transfer from a retail pharmacy, update personal information and pay for their order online, all within a secure portal. Visit the CVS/Caremark website for more information on how you can enroll. Why Use CVS Caremark Mail Service? Savings 1: Depending on your plan, you could save on your prescriptions (excluding our Specialty Tier 5). Plus, standard shipping to your door is always free. Automatic refills and reminders: Our automated refill reminder calls and the ability to check the status of your order by phone make filling your prescription with CVS simple. Door-to-door delivery: Place only four easy orders per year and have your prescription delivered in seven to 10 business days. No more waiting in line at the drug store. Should your prescription be delayed, please contact Customer Service at: Toll Free 866-808-7471. You can register by: Calling 1-866-808-7471 toll-free for automated refill service. Please have your WellCare ID number ready. Printing this order form and mailing the completed copy to: CVS/Caremark P.O. Box 659915 San Antonio, TX 78265-9915 1 These savings occur when you use CVS Caremark Mail Service Pharmacy, Wellcare's preferred mail-order pharmacy, instead of a retail or non-preferred mail-service pharmacy. Other pharmacies are available in our network. 2 Specialty Tier medications (Tier 5) can be filled for a maximum of 30 days or one month. Send your specialty Rx and enrollment form to us electronically, or by phone or fax. Filling your Rx at a pharmacy in your network will help ensure you don't overpay. You can pick your medication up, or use your pharmacy's home delivery service if available (be sure to ask if there are fees). If you're already filling at CVS Pharmacy, we can help you set up automatic refills (if available under your plan) from your Caremark.com account. If you take a medication for a condition like asthma or high blood pressure, you may be able to refill your Rx in 90-day supplies. It will probably cost less than filling monthly and you'll only have to refill a few times a year. 1. Controlled substances and cold packs are not applicable for 90-day mail service. Manage your orders with just a few clicks. There are two simple ways to ensure you never run out of your medications. You can receive refill reminders via text, email or automated call. Sign in, click on "Profile" and go to the "Communication Preferences" section. And remember, if you choose the text alerts, your refill reminders will allow you to place an order just by responding to the message. We know it can be difficult to keep track of maintenance medications. So, have us refill your prescriptions automatically. If your plan offers it and your prescription is eligible, go to the "Manage Automatic Refills" page and select the prescription you'd like to enroll. Then let us do the rest. Whether you want to temporarily change where we send your medications or need to update your credit card information, you have complete control of your account options. Need to update your home mailing address? Click on "Profile" then click on "My Shipping Information" to update your primary shipping address. Need to temporarily have us ship to another location? Just set up an alternative shipping address with start and end dates for shipping, and we'll keep your medications coming to you when you're away. Need to change your payment information? Click on "Profile" and then choose "My Billing Information" to make adjustments. You can also sign up for payment notification reminders in the communications preferences section. And easily check your account balance on your profile page. Ready to request a refill? Register or Sign In You can use our "Check Drug Cost & Coverage" tool. Fill in the requested information about the medicine and dosage and you'll receive a message telling you if your medicine is covered and what your co-pay amount will be. You'll also find out if there is a generic or a preferred medicine available that can help save you money. If you have opted in to receive refill reminders by text, we'll contact you when your prescription is ready for refill. Simply respond "Yes" when we text you and we'll begin processing your order. You can also use the refill form on the Caremark.com home page by entering your date of birth and "Mail Service Rx" number. If you choose to sign in to your account, you can review your entire list of prescriptions, select the ones that may be ready for refill and follow the prompts to submit your order. Or simply use the Caremark app to place your refill orders. To order a different prescription for Rx Delivery by Mail, you'll need a new 90-day prescription. You can do this in one of two ways: Ask your doctor to send a 90-day supply electronic prescription to CVS Caremark Mail Service Pharmacy. This is the fastest way to get started. You can expect to get your medication in 7 to 10 business days. Sign in to Caremark.com and select Start Rx Delivery by Mail and we will contact your doctor and get the process started for you. Once we reach your doctor and receive approval, it will take 7 to 10 business days for your medication to be delivered. Remember, because CVS Caremark Mail Service fills prescriptions in 90-day supplies, it can be used for medications you take regularly (like high blood pressure, diabetes, or high cholesterol medications). For short-term medications (like an antibiotic), use a retail pharmacy in your plan's network. You can find one by using the pharmacy locator at Caremark.com. Have more questions? Visit our help center What happens after an order is placed? Once we receive your order, we'll check to make sure we have all the information we need to process your order. We'll contact you or your doctor if we need additional information. If your order is for a new prescription. And you ordered it yourself, we'll ship it as soon as it's processed. Just make sure we have your payment information on file to avoid delays. And your doctor gave us a script, we'll need your approval to ship it unless you have a history of using our mail order service in the last 12 months. If you do, we'll ship your order as soon as it's processed. If your order is a refill: And you ordered it yourself, we'll ship it as soon as it's processed. Just make sure we have your payment information on file to avoid delays.

Stress-free prescription delivery and world-class pharmacy care available 24/7. Call CVS Caremark® at 800-294-5979 to obtain a list of medications or to obtain prior authorization. See Section 5(f). Prescription Drug Benefits. All compound drugs. Call CVS Caremark® at 800-933-NALC (6252) for prior approval. See Section 5(f). Prescription Drug Benefits. Spinal surgeries performed in an inpatient or outpatient setting. 15/06/2022 - Amazon Pharmacy, launched in 2020, is an online pharmacy that offers prescription refills and free delivery for Amazon Prime members. ... Track your order ... collect digital coupons and save! Shop Pharmaca's all-natural online health store for beauty, body, vitamin & supplement products. Free shipping on orders \$45+. Gold Standard, Highest Accuracy COVID-19 Test. Fill your prescriptions online and save up to 70%. Guaranteed Canadian prescription fulfillment, plus top-notch privacy. Refill and transfer prescriptions online or find a CVS Pharmacy near you. Shop online, see ExtraCare deals, find MinuteClinic locations and more. skip navigation links. myCVS ® Store. 5 PENN PLAZA, ON THE CORNER OF 8TH AVE AND 34TH ST NEW YORK, NY 10001 ... No order minimum. Find a store for CVS Pickup. FEP will waive early medication refill limits on 30-day prescription maintenance medications. ... complete the Mail Service Drug Prescription Form, call CVS Caremark at 1-800-262-7890 or place an order through your ... Fill your prescription as you normally would by using the Retail or Mail Order Pharmacy Programs for non-specialty drugs or the ... 18/01/2022 - Mail Service Order Form (Español) CVS Caremark PO BOX 659541 SAN ANTONIO, TX 78265-9541 Let us know how you want to pay for your order. That way you can avoid processing delays. You have options such as all major credit and debit cards, electronic check and more. Call us to learn about your options. Quick tip: Ask your doctor to send an ... 10/02/2022 - At CVS Specialty®, our goal is to help streamline the onboarding process to get patients the medication they need as quickly as possible. We offer access to specialty medications and infusion therapies, centralized intake and benefits verification, and prior authorization assistance. Shop at our Online Pharmacy for authentic Fragrances, Prescriptions, Vitamins, Weight loss, Baby Care Required cookies are required to navigate our site, and in order to use the features provided. ... Shop all your pharmacy supplies online. 01/10/2021 - Calls are handled by the CVS Caremark Pharmacy Services Team. Generations Medicare Advantage Plan Enrollment: (844) 280-5555 (TTY: 711) 8 a.m. to 8 p.m., 7 days a week (October 1 - March 31) 8 a.m. to 8 p.m., Monday - Friday (April 1 - September 30) State, Education, & Local Government Employee Plan Customer Care (877) 280-5600 (TTY: 711)

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