



2211 Sanders Road, Northbrook, IL 60062 Phone (844) 387-1435

# Fax Transmittal

Fax: {Auth.OfficeContactFaxNumber}

To: {Auth.ProviderBilling.Name.Legal}

From: CVS

Fax: (844) 851-0882

Re: Prior Authorization for {Auth.Member.MemberNameFirst}

{Auth.Member.MemberNameLast}

<b>Phone</b> (10-15 minutes process time)	<b>Fax</b> (24-72 hours process time)
Calling us with your PA request during our business hours is another option  The process over the phone can take between 10 and 15 minutes.  1-844-387-1435	You may also continue to fax us your PA request  Faxes received are processed within 24 to 72 hours.  1-844-851-0882

The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer. Thank you, CVS/Caremark.

**Member Name:** {Auth.Member.MemberNameFirst} {Auth.Member.MemberNameLast} **DOB:**  
{Auth.Member.MemberBirthDate} **PA Number:** {Auth.AuthID}



## Ixempra

### Prior Authorization Request

CVS Caremark administers the medical drug prior authorization program on behalf of Harvard Pilgrim Health Care. Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form to CVS Caremark, toll-free at 1-844-851-0882** to initiate the review process. If you have questions regarding the prior authorization please contact CVS Caremark at 1-844-387-1435.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

**Patient Name:** {Auth.Member.MemberNameFirst}  
{Auth.Member.MemberNameLast}  
**Patient's ID:** {Auth.Member.MemberID}

**Date:** {System.DateTime.Today}

**Physician's Name:** {Auth.ProviderBilling.Name.Legal}  
**Specialty:** \_\_\_\_\_  
**Physician Office Telephone:** {Auth.OfficeContactPhoneNumber}

**Patient's Date of Birth:**  
{Auth.Member.MemberBirthDate}  
**NPI#:** {Auth.ProviderBilling.NPI}  
**HPHC Provider ID:** \_\_\_\_\_  
**Physician Office Fax:**  
{Auth.OfficeContactFaxNumber}

**Provider Tax ID:** \_\_\_\_\_

**Rendering Provider Info:**  Same as Requesting Provider  
**Name:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**HPHC Provider ID:** \_\_\_\_\_  
**NPI#:** \_\_\_\_\_  
**Provider Tax ID:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

#### Additional Demographic Information:

Please indicate the place of service for the requested drug:

- Ambulatory Surgical  Home  Inpatient Hospital  Off Campus Outpatient Hospital  
 On Campus Outpatient Hospital  Office  Pharmacy

#### Drug Information:

**Strength/Measure** \_\_\_\_\_ **Units**  ml  Gm  mg  ea  Un

**Directions(sig)** \_\_\_\_\_ **Route of administration** \_\_\_\_\_

**Dosing frequency** \_\_\_\_\_

#### Criteria Questions:

- What is the diagnosis?  
 Breast cancer  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_

**I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.**

**Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-844-851-0882**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Ixempra SGM – 06/2018.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062  
Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • [www.caremark.com](http://www.caremark.com)

**Member Name:** {Auth.Member.MemberNameFirst} {Auth.Member.MemberNameLast} **DOB:**  
{Auth.Member.MemberBirthDate} **PA Number:** {Auth.AuthID}

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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