



Pharmacy prior authorization form

This form is for Medicare and Medicaid member PA requests only. It is not to be used for Commercial member PA requests.

Please use this form for prior authorizations that pertain to patient self-administered drugs only, including oral drugs (pharmacy benefit). You can also call-in prior authorizations at 1-866-275-3247, option 5, then option 1, or submit them electronically at caremark.com/epa. Services are subject to coverage, benefit, network and contract policies and exclusions.

Patient information

Last name: _____ First name: _____ MI: _____
DOB: _____ Fallon ID #: _____

Physician information

Physician name: _____ Specialty: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____ NPI: _____

Medication requested (one medication per form)

New request for CVS/Caremark Renewal for CVS/Caremark

Name, strength and frequency of medication: _____

Diagnosis ICD-10 code (required): _____

Diagnosis description (required): _____

Expected duration of therapy: _____

Medications previously used and reason(s) why patient cannot use Fallon-preferred medications (formulary available at fallonhealth.org): _____

Notes or relevant lab values: _____

If a renewal, please provide an update on patient status: _____

Fallon Senior Plan pre-service denial

Complete this section only when declining to submit a prior authorization for a medication requested by a Fallon Senior Plan™ member. CVS/Caremark will notify the submitting physician and member of the determination. **Please provide all information requested.**

1. Medication requested by member: _____
2. Member's reason for request: _____

Fax information

Please fax this completed form to the fax number that corresponds to your patient's plan type. To determine the plan type, find the plan name on your patient's member ID card and locate it in the chart below.

Plan name	Plan type	Fax form to:
<ul style="list-style-type: none"> • Fallon Senior Plan HMO • Fallon Senior Plan PPO 	<ul style="list-style-type: none"> • NaviCare • Summit ElderCare 	Medicare Part D plan 1-855-633-7673
<ul style="list-style-type: none"> • MassHealth 	Medicaid plan	1-855-762-5204