

**Prescriber Criteria Form**

Infusion 2026 PA Fax BD-20 v1 010126.docx  
 Infusion Pump Drugs  
 Coverage Determination

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 **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Infusion Pump Drugs.

Drug Name:

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

**Please circle the appropriate answer for each question.**

1	Is the requested drug being administered via an infusion pump (excluding disposable pump)? [Note: If using a disposable pump, answer is NO since drugs via a disposable pump are covered under Part D.] [If no, then no further questions.]	Yes	No
2	Is the requested drug being administered via an infusion pump in the home (e.g., PATIENT'S HOME, NOT A FACILITY)? [If yes, then skip to question 6.]	Yes	No
3	[The answer to the following question is NO if the patient resides in his/her own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution such as an assisted living facility, or an intermediate care facility for individuals with intellectual disabilities (ICF/IID).]  Does the patient reside in one of the following skilled nursing facilities (SNF)/skilled care facilities: A) A nursing home that is dually-certified as both a Medicare skilled nursing facility and a Medicaid nursing facility (NF), B) A Medicaid-only NF that primarily furnishes skilled care, C) A non-participating nursing home (i.e., neither Medicare nor Medicaid) that provides primarily skilled care, D) An institution which has a distinct part SNF and which also primarily furnishes skilled care? [If no, then skip to question 5.]	Yes	No

4	Is Medicare Part A paying for the facility bed during the days this treatment is being requested? [No further questions.] [Note: If the answer to this question is yes, then deny and do not process through Part D.]	Yes	No
5	Is the requested drug being supplied from the practitioner and/or office stock supply and billed as part of a practitioner service (i.e., the drug is being furnished "incident to a practitioner's service")? [No further questions.]	Yes	No
6	Is the requested drug a narcotic analgesic for a non-cancer diagnosis?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.	
<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____