

Prescriber Criteria Form
Prescriber Services 2026 PA Fax BD-13 v1 010126.docx
Drugs Given Incident To Prescriber Services
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 Drugs Given Incident To Prescriber Services.

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 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")?	Yes	No
---	--	-----	----

Comments: _____

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.

Prescriber (or Authorized) Signature: _____ **Date:** _____