

Prior Authorization Form

CAREMARK FAX FORM

Vyvanse

This fax machine is located in a secure location as required by HIPAA regulations.
Complete information, sign and date. Fax completed forms to Caremark at 1-888-836-0730

Please contact Caremark @ 1-888-414-3125 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Vyvanse

Drug Name: _____

Patient:

Patient Name: _____

Patient ID: _____

Patient Group Number: _____

Patient Date Of Birth: _____

Comments: _____

Information given on this form is accurate as of this date.

Prescriber or Authorized Signature