Prior Authorization Form

FLUOROURACIL CREAM 0.5% (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at **1-888-836-0730**. Please contact CVS Caremark at **1-855-240-0536** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of fluorouracil cream 0.5%.

| Patient Information | | | | | | | |
|--|--|---|---|---|--------|---|--|
| Patient Nar | ne: | | | | | | |
| Patient Pho | one: | | | | | | |
| Patient ID: | atient ID: | | | | | | |
| Patient Gro | Pup | | | | |] | |
| Patient DOB: / / / / / / / / / / / / / / / / / / / | | | | | | | |
| Prescribing | g Physician | | | | | | |
| Physician Name: | | П | П | T | ПП | | |
| Physician Phone: | | | | | | | |
| Physician I | ax: | | | | | | |
| Physician Address: | | | | | | | |
| City, State, | Zip: | | | | | | |
| Drug Name (specify drug): fluorouracil cream 0.5% | | | | | | | |
| Quantity: Frequency: Strength: | | | | | | | |
| Route of Administration: Expected Length of Therapy: | | | | | | | |
| Diagnosis: ICD Code: | | | | | | | |
| | | | | | | | |
| Comments | · | _ | | | | | |
| | | | | | | | |
| Please che | ck the appropriate answer for each applicable question. | _ | | | | | |
| Prefe | rred products are available at a lower cost. Can your patient be switched to a | Υ | П | N | | | |
| | rred drug/ product? ailable Formulary Alternatives: <i>fluorouracil cream 5%, fluorouracil solution,</i> | | _ | | _ | | |
| | quimod, PICATO, ZYCLARA | | | | | | |
| rit - | yes, provide your patient with a new prescription for the preferred product.] | | | | | | |
| | requested drug being used for an FDA-Approved indication OR an indication | Υ | | N | | | |
| | orted in the compendia of current literature (examples: AHFS, Micromedex, current | | Ш | | Ш | | |
| acce | oted guidelines)? | | | | | | |
| | the prescribed dose and quantity fall within the FDA approved labeling or within | Υ | | N | | | |
| dosin | g guidelines found in the compendia of current literature? | | | | | | |
| | he patient tried and had an inadequate treatment response or intolerance to the | Υ | | N | | | |
| requi Failu | red number of formulary alternatives below: Drug Name, Trial Year, Reason for | | | | | | |
| i aliu | 6 | | | | | | |
| No | te: Formulary Alternatives should be prescribed first unless the patient is unable to | | | | | | |
| | e or receive treatment with the alternatives. Required Formulary Alternatives 3 in a ss with 3 or more alternatives: fluorouracil cream 5%, fluorouracil solution, | | | | | | |
| | iquimod, PICATO, ZYCLARA | | | | | | |
| | [If yes, no further questions] | | | | | | |
| 5. Does | the patient have a contraindication to all the alternatives? | Υ | | N | | | |
| | | | | | \Box | | |

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate

and true, and that documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug Pas immediately and securely online – without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.