



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

## Prior Authorization Form

### Arkansas Blue Cross and Blue Shield (Medicare) Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)

Lipids, Amino Acids Infusion (Medicare B vs. D)

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 1-888-836-0730.

Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Lipids, Amino Acids Infusion (Medicare B vs. D).

Drug Name(specify drug) \_\_\_\_\_

#### Patient Information

Patient

Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient

Group No.: \_\_\_\_\_

Patient

DOB: \_\_\_\_\_

#### Prescribing Physician

Physician

Name: \_\_\_\_\_

Physician

Phone: \_\_\_\_\_

Physician

Fax: \_\_\_\_\_

Physician

Address: \_\_\_\_\_

City, State,

Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD

Code: \_\_\_\_\_

Please circle the appropriate answer for each applicable question.

- Does the patient have a nonfunctioning GI tract of long or indefinite duration?

Y

N

Comments: \_\_\_\_\_

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date