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CVS/Caremark prior authorization form is used by a medical office when requesting coverage for a CVS/Caremark plan member's prescription. A physician will need to complete the form and submit it to CVS/Caremark so that it can be determined whether or not the requested prescription is covered. If a form for the specific medication cannot be found, please use the Global Prior Authorization Form. California members please use the California Global PA Form. To access other state specific forms, please click [here](#). Please complete this form and fax it to CVS Caremark at to receive a DRUG SPECIFIC CRITERIA FORM for prior authorization. Once received, a DRUG SPECIFIC CRITERIA FORM will be faxed to the specific physician along with patient specific information, appropriate criteria for the request and questions that must be answered. As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. To reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease. information is available for review if requested by CVS Caremark, the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who. For information about a specific Prior Authorization or Appeals claim, please call the Customer Care phone number found on the back of your prescription benefits card.