

PRESCRIPTION AUTHORIZATION FAX FORM
Pharmacy (toll free) Fax # 844-922-7379



CareFirst Specialty Pharmacy
400 Fellowship Road, Suite 100
Mount Laurel, NJ 08054
Office: 856-267-0528 / Toll Free: 844-822-7379
Fax: 800-786-1405 or 844-922-7379
e-mail: fax@cfspharmacy.com
www.cfspharmacy.com

Dear Patient,

Thank you for choosing CareFirst Specialty Pharmacy.

To order a prescription medication, a prescription from a US-licensed prescriber is required. For your convenience, and for the convenience of your prescriber, please feel free to utilize the following form. Please print this PDF document and fill out your contact information.

IMPORTANT: Deliver the fax form to your prescriber for further processing.
State and Federal pharmacy laws stipulate that prescriptions may only be faxed to a licensed pharmacy from a US-licensed prescriber.

PATIENT

Step 1: You can call us to setup a new account for you or proceed to Step 2.

Step 2: PRINT the Rx Authorization FAX Form & fill in your contact info under Section A - Patient

Step 3: BRING this to your prescriber for authorization. (We cannot accept any prescriptions unless faxed from the prescriber).

PRESCRIBER

Step 4: COMPLETE FORM

Step 5: FAX to CareFirst Specialty Pharmacy to 1-800-786-1405 or if you prefer you may call in the prescription verbally over the phone at 1-844-822-7379

Ordering from CareFirst is easy once we get your patient's prescription on file. If you have any questions, or wish to place your order by phone, feel free to call us any time at 844-822-7379.

Thank You,
CareFirst Pharmacy Staff

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