

Medical Necessity Criteria – Non-Covered Drugs
Prior Authorization Form

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 **1-888-487-9257**.
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 the requested drug.

Drug Name: _____

Quantity _____ Frequency _____ Strength _____
Route of Administration _____ Expected Length of Therapy _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone: _____

Prescribing Physician

Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is the requested drug being used for an FDA-Approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)? Y N

2. Has the patient tried and had an inadequate treatment response or intolerance to formulary alternatives for the given diagnosis? Y N

Requirement: 3 in a class with 3 or more alternatives, 2 in a class with 2 alternatives, or 1 in a class with only 1 alternative

Drug Name _____ Trial Year _____
Reason for Failure: _____

Drug Name _____ Trial Year _____
Reason for Failure: _____

Drug Name _____ Trial Year _____

Reason for Failure:

[If yes, then no further questions.]

3. Is this the only product the patient can use for their condition?

Y N

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

Prescriber (Or Authorized) Signature and Date

DRUGS REQUIRING PRIOR AUTHORIZATION FOR MEDICAL NECESSITY	Formulary Options	DRUGS REQUIRING PRIOR AUTHORIZATION FOR MEDICAL NECESSITY	Formulary Options	DRUGS REQUIRING PRIOR AUTHORIZATION FOR MEDICAL NECESSITY	Formulary Options
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR	BREEZE 2 STRIPS AND KITS 4	ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3	fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA
ACCU-CHEK STRIPS AND KITS 4	ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3	BYDUREON	TRULICITY SI, VICTOZA SI	FORTAMET	metformin, metformin ext-rel
ACTOS	pioglitazone	BYETTA	TRULICITY SI, VICTOZA SI	FORTESTA	ANDRODERM, AXIRON
ADDERALL XR	amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE	CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA)	diltiazem ext-rel (except generic of Cardizem LA)	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO
ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR	clobetasol spray	clobetasol foam	FREESTYLE STRIPS AND KITS 4	ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3
ADVICOR	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	CLOBEX SPRAY	clobetasol foam	GENOTROPIN	HUMATROPE PA SP SI, JORDITROPIN PA SP SI
AEROSPAN	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR	CONTOUR NEXT STRIPS AND KITS 4	ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3	GLUMETZA	metformin, metformin ext-rel
ALTOPREV	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	CONTOUR STRIPS AND KITS 4	ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3	HECORIA	lacrolimus
ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR	CYMBALTA	duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ	HUMALOG	NOVOLOG
AMITIZA	LINZESS	DELZICOL	balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
AMRIX	cyclobenzaprine	DETROL LA	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, tiroprium, tiroprium ext-rel, GELNIQUE, MYRBETRIO, VESICARE	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
ANDROGEL	ANDRODERM, AXIRON	DIOVAN	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR	HUMULIN 70/30 2	NOVOLIN 70/30
APEXICON E	desoximetasone, fluocinonide	DIOVAN HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT	HUMULIN N 2	NOVOLIN N
APIDRA	NOVOLOG	DUEXIS	celecoxib, diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM	HUMULIN R 2	NOVOLIN R
ARTHROTEC	celecoxib, diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM	DYMISTA	fluticasone spray, triamcinolone spray or NASONEX WITH azelastine spray or olopatadine spray	INCRUSE ELLIPTA	SPIRIVA
ASACOL HD	balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS	EDARBI	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR	INTERMEZZO	eszopiclone, zolpidem, zolpidem ext-rel, SILENOR
ATACAND	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR	EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT	INTUNIV	amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE
ATACAND HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT				
AVONEX	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA	EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ	INVOKAMET	XIGDUO XR
		EXFORGE	amlodipine-telmisartan, amlodipine-valsartan, AZOR	INVOKANA	FARXIGA, JARDIANCE
BECONASE AQ	fluticasone spray, triamcinolone spray, NASONEX	EXFORGE HCT	Amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR	JALYN	finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO
		EXTAVIA	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF		

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KAZANO	JANUMET, JANUMET XR, JENTADUETO	ONGLYZA	JANUVIA, TRADJENTA	testosterone gel 1% 5	ANDRODERM, AXIRON
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ	TEVETEN	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR
LASTACRAFT	azelastine, cromolyn sodium, PATADAY, PATANOL	OSENI	JANUMET, JANUMET XR, JENTADUETO	TEVETEN HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT
LESCOL XL	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	OXYTROL	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIO, VESICARE	TEV-TROPIN	HUMATROPE PA SP SI, NORDITROPIN PA SP SI
LEVITRA	CIALIS	PENNSAID	diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL	TOVIAZ	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIO, VESICARE
LIPITOR	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	PLAVIX	clopidogrel, BRILINTA, EFFIENT	TRICOR	fenofibrate, fenofibric acid
LIPTRUZET	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	PLEGRIDY	AUBAGIO PA SP, BETASERON PA SP SI, COPAXONE PA SP SI, GILENYA PA SP, REBIF PA SP SI, TECFIDERA PA SP	TUDORZA	SPIRIVA
LIVALO	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN	PREVACID	ansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM	VALCYTE	valganciclovir
LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN	PROTONIX	ansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM	VALTRES	acyclovir, valacyclovir
LUNESTA	eszopiclone, zolpidem, zolpidem ext-rel, SILENOR	PROVENTIL HFA	PROAIR HFA	VENTOLIN HFA	PROAIR HFA
Matzim LA	diltiazem ext-rel (except generic of Cardizem LA)	ONASL	flunisolide spray, triamcinolone spray, NASONEX	VERAMYST	flunisolide spray, triamcinolone spray, NASONEX
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ	OSYMA	BELVIO, CONTRAVE, SAXENDA SI	VIAGRA	CIALIS
NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen	RAYOS	dexamethasone, methylprednisolone, prednisone	VIEKIRA PAK	HARVONI
NATESTO	ANDRODERM, AXIRON	RELISTOR	MOVANTIK	VIMOVO	celecoxib, diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM
NESINA	JANUVIA, TRADJENTA	RHINOCORT AQUA	flunisolide spray, triamcinolone spray, NASONEX		
NORITATE	metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA	RIOMET	metformin, metformin ext-rel	VOGELXO	ANDRODERM, AXIRON
NORVASC	amlodipine	ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, SILENOR	XOPENEX HFA	PROAIR HFA
OLEPTRO	trazodone	SAIZEN	HUMATROPE PA SP SI, NORDITROPIN	ZETONNA	flunisolide spray, triamcinolone spray, NASONEX
OMNARIS	flunisolide spray, triamcinolone spray, NASONEX	SYMBICORT	ADVAIR, DULERA	ZUBSOLV	buprenorphine-naloxone sublingual tablet, SUBOXONE FILM
OMNITROPE	HUMATROPE I, NORDITROPIN	TESTIM	ANDRODERM, AXIRON		