

Prior Authorization Form
<p>Fortamet, Glumetza</p> <p>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 1-855-582-2038 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Fortamet, Glumetza.</p>

Drug Name (select from list of drugs shown)		
Fortamet (metformin extended-release)	Glumetza (metformin extended-release)	Metformin Extended-Release Tablets

Quantity	Frequency	Strength
Route of Administration	Expected Length of Therapy	

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

Prescribing Physician	
Physician _____	Name: _____
Physician _____	Physician _____
Phone: _____	Physician _____
Physician _____	Fax: _____
Physician _____	Physician _____

Address: _____

City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.	
1. Is the requested drug being prescribed for an FDA-	Y N

Approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)?		
2. Has the patient had a prescription for the requested drug paid for within the past 180 days? If yes, please submit documented proof of a paid prescription (receipt showing prescription, documentation from the pharmacy showing paid claim, etc.) for the requested drug. Samples are NOT considered adequate justification.	Y	N
[If no, then skip to question 4.]		
3. Based upon your professional judgment, do you feel the Medication was effective in treating the member? [If yes, then no further questions.]		
4. Has the patient experienced an intolerance to generic Glucophage XR?		
I affirm that the information given on this form is true and accurate as of this date.		
Prescriber (Or Authorized) Signature and Date		