

Medical Necessity Criteria for Non-covered Drugs – Prior Authorization Request (For Maryland Only)

Send completed form to: CVS/caremark Fax: 855-245-2134

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 **855-245-2134**. Please contact CVS/Caremark at **855-582-2022** with questions regarding the prior authorization process. When conditions are met, we will authorize coverage.

Patient Name:	Date:
Patient's ID:	Patient's Group #:
Patient's Date of Birth:	Patient's Phone:
Physician's Name:	
Physician's Address:	
Specialty:	NPI #:
Physician Office Telephone:	Physician Office Fax:

1. What is the patient's diagnosis? _____
2. What drug is being prescribed? _____
 Quantity: _____ Frequency: _____ Strength: _____
 Route of administration: _____ Expected Length of Therapy: _____
3. What is the ICD code? _____
4. 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)? Yes No
5. Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below? Yes No
(If yes, please document drug name, trial year and reason for failure and no further questions)

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

Formulary alternatives:

Drug Name _____	Trial Year _____	Reason for Failure _____
Drug Name _____	Trial Year _____	Reason for Failure _____
Drug Name _____	Trial Year _____	Reason for Failure _____

6. Does the patient have a documented clinical reason such as expected adverse reaction or contraindication that prevents them from trying the formulary alternatives listed below? Yes No
(If yes, please document the reason(s) the patient cannot try the formulary alternatives.)

Formulary alternatives:

Drug Name _____	Trial Year _____	Reason for Failure _____
Drug Name _____	Trial Year _____	Reason for Failure _____
Drug Name _____	Trial Year _____	Reason for Failure _____

7. Has the patient had a prescription for the requested drug paid for within the past 180 days? Yes No
(If yes, please document drug name.)

8. Based upon your professional judgment, do you feel the medication was effective in treating the member?
 Yes No

Comments: _____

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS/caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date: (mm/dd/yy)**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message.

Drugs Requiring Medical Necessity Prior Authorization	PREFERRED OPTION(S)	Drugs Requiring Medical Necessity Prior Authorization	PREFERRED OPTION(S)
ACCU-CHEK STRIPS AND KITS	ONETOUCH STRIPS AND KITS	CONTOUR NEXT STRIPS AND KITS	ONETOUCH STRIPS AND KITS
ACTOS	<i>pioglitazone</i>	CONTOUR STRIPS AND KITS	ONETOUCH STRIPS AND KITS
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate, DAYTRANA, QUILLVANT XR, STRATTERA, VYVANSE</i>	DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine del-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
ADRENACLICK	<i>AUVI-Q, EPIPEN, EPIPEN JR</i>	DETROL LA	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, Myrbetriq, VESICARE</i>
ADVICOR	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	DIOVAN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
AEROSPAN	<i>ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR</i>	DUEXIS	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT or NEXIUM</i>
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	DYMISTA	<i>Flunisolide spray, fluticasone spray, triamcinolone spray or NASONEX WITH azelastine spray or olopatadine spray</i>
ALVESCO	<i>ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR</i>	EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>
AMRIX	<i>cyclobenzaprine</i>	EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
ANDROGEL	<i>ANDRODERM, AXIRON, FORTESTA</i>	FARXIGA	<i>INVOKANA</i>
APEXICON-E	<i>desoximetasone, fluocinonide</i>	FLECTOR	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
APIDRA	<i>NOVOLOG</i>	FORTAMET	<i>metformin, metformin ext-rel</i>
ARTHROTEC	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT or NEXIUM</i>	FREESTYLE STRIPS AND KITS	ONETOUCH STRIPS AND KITS
ASACOL HD	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine del-rel, APRISO, LIALDA, PENTASA, UCERIS</i>	GLUMETZA	<i>metformin, metformin ext-rel</i>
ATACAND	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>	HECORIA	<i>tacrolimus</i>
ATACAND HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>	HUMALOG	<i>NOVOLOG</i>
BECONASE AQ	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>	HUMALOG MIX 50/50	<i>NOVOLOG MIX 70/30</i>
BREEZE 2 STRIPS AND KITS	ONETOUCH STRIPS AND KITS	HUMALOG MIX 75/25	<i>NOVOLOG MIX 70/30</i>
BYETTA	<i>BYDUREON, VICTOZA</i>	HUMULIN 70/30	<i>NOVOLIN 70/30</i>

Drugs Requiring Medical Necessity Prior Authorization	PREFERRED OPTION(S)	Drugs Requiring Medical Necessity Prior Authorization	PREFERRED OPTION(S)
HUMULIN N	Novolin N	PREVACID	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate, pantoprazole, DEXILANT, NEXIUM</i>
HUMULIN R	Novolin R	PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate, pantoprazole, DEXILANT, NEXIUM</i>
INTERMEZZO	<i>eszopiclone, zolpidem, zolpidem ext-rel, Silenor</i>	PROVENTIL HFA	PROAIR HFA
JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>	QNASL	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
KAZANO	JANUMET, JANUMET XR, JENTADUETO	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO	RHINOCORT AQUA	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
LASTACAPT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>	RIOMET	<i>metformin, metformin ext-rel</i>
LESCOL XL	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, Silenor</i>
LEVITRA	CIALIS, VIAGRA	SUBOXONE FILM	<i>buprenorphine/naloxone sublingual tablets, Zubsolv sublingual tablets</i>
LIPITOR	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	SYMBICORT	ADVAIR, DULERA
LIPTRUZET	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	TESTIM	ANDRODERM, AXIRON, FORTESTA
LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>	testosterone gel 1%	ANDRODERM, AXIRON, FORTESTA
LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>	TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>
LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel, Silenor</i>	TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
NAPRELAN	<i>celecoxib, diclofenac, meloxicam, naproxen</i>	TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, Myrbrettriq, VESICARE</i>
NATESTO	ANDRODERM, AXIRON, FORTESTA	TRICOR	<i>fenofibrate, fenofibric acid</i>
NESINA	JANUVIA, TRADJENTA	TUDORZA	SPIRIVA
NORVASC	amlodipine	VALTREX	<i>acyclovir, valacyclovir</i>
OLUX-E	<i>clobetasol foam</i>	VENTOLIN HFA	PROAIR HFA
OLEPTRO	<i>trazodone</i>	VERAMYST	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
OMNARIS	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>	VIMOVO	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT or NEXIUM</i>
ONGLYZA	JANUVIA, TRADJENTA	VOGELXO	ANDRODERM, AXIRON, FORTESTA
OSENI	JANUMET, JANUMET XR, JENTADUETO	XOPENEX HFA	PROAIR HFA
OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, Myrbrettriq, VESICARE</i>	ZETONNA	<i>Flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>		
PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>		