

**Medical Necessity Criteria – Non-Covered Drugs  
 (for Maryland only)  
 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 1-888-836-0730.**  
 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 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:** \_\_\_\_\_

**ONLY CRITERIA QUESTIONS ARE REQUIRED FOR RETURN FAX.**

**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)? | Yes | No |
| 2. Has the patient had a prescription for the requested drug paid for within the past 180 days?<br>If yes, please submit documentation of the requested drug.<br>If no, skip to question 4.     | Yes | No |

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst and BlueChoice members.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association. © Registered trademark of CareFirst of Maryland, Inc.

C7019-A-MN-PA-MD

<b>3.</b>	Based upon your professional judgment, do you feel the medication was effective in treating the member?	Yes	No
<b>4.</b>	Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below? [Note: formulary alternatives can be found at: <a href="http://www.carefirst.com">www.carefirst.com</a> .] If yes, documentation is required for approval.	Yes	No
<b>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</b>			
Drug Name _____ Trial Year _____			
Reason for Failure:			
Drug Name _____ Trial Year _____			
Reason for Failure:			
Drug Name _____ Trial Year _____			
Reason for Failure:			
[If yes, no further questions.]			
<b>5.</b>	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? If yes, documentation is required for approval.	Yes	No
Reason(s) the patient cannot try the formulary alternatives:			

Comments:

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

<b>Prescriber (Or Authorized) Signature and Date</b>

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

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