

2/2/2017

Prior Authorization Form

**UMWA FUNDS**

Preferred Product Program Exceptions (UMWA Funds)\*

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 Preferred Product Program Exceptions (UMWA Funds)\*.

**Drug Name (select from list of drugs shown)**

Other, Please specify \_\_\_\_\_

**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. Has the patient been stabilized on the requested medication for at least the past 6 months? Y N  
 [If yes, then no further questions.]
2. Has the patient tried at least 2 preferred products in classes with more than one preferred product OR has the patient tried the one preferred product in classes with only one preferred product? (see preferred product list below) Y N  
 [If no, then skip to question 5.]
3. Were the preferred products ineffective? Y N  
 [If yes, then no further questions.]
4. Is the patient intolerant to, or has the patient had an adverse or allergic reaction to the preferred products that were tried? Y N  
 [No further questions.]
5. Are all of the preferred products contraindicated for the patient? Y N  
 Funds 2017 Preferred Product Program (PPP) Drug List\*

includes: LIPID LOWERING AGENTS: generics (atorvastatin, pravastatin, rosuvastatin, simvastatin), Vytorin ARB/ARB COMBINATIONS: generics (candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ), Benicar, Benicar HCT HYPNOTICS: generics (eszopiclone, zaleplon, zolpidem, zolpidem extended-release) DPP-4 INHIBITORS/COMBINATIONS: Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza NASAL CORTICOSTEROIDS: generics (budesonide nasal, flunisolide nasal, fluticasone nasal, triamcinolone nasal), Veramyst URINARY ANTISPASMODICS: generics (oxybutynin, oxybutynin extended-release, tolterodine, tolterodine extended-release, trospium, trospium extended-release), Myrbetriq, Vesicare OPIOID-INDUCED CONSTIPATION: Movantik

Note: a detailed UMWA Preferred Product Drug List can be obtained from:  
[www.umwafunds.org/ Health Benefits/Health Benefit Programs/Pharmacy Benefit Programs](http://www.umwafunds.org/Health_Benefits/Health_Benefit_Programs/Pharmacy_Benefit_Programs) \*  
Brands are preferred until generics become available

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

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**Prescriber (Or Authorized) Signature and Date**