5/7/2020

Prior Authorization Form

Internal Use Only

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 2020 Preferred Product Program (PPP) Drug List* includes: LIPID LOWERING AGENTS: generics (atorvastatin, ezetimibe/simvastatin, pravastatin, rosuvastatin, simvastatin) ARB/ARB COMBINATIONS: generics(candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ) HYPNOTICS: generics (eszopiclone, zaleplon, zolpidem, zolpidem extended-release), Belsomra, Silenor DPP-4 INHIBITORS/COMBINATIONS: Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza NASAL CORTICOSTEROIDS: generics (flunisolide nasal, fluticasone nasal), Dymista URINARY ANTISPASMODICS: generics (oxybutynin, oxybutynin extended-release, tolterodine, tolterodine extended-release, trospium, trospium extended-release, solifenacin), Myrbetriq OPIOID-INDUCED CONSTIPATION: Movantik IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/IDIOPATHIC CONSTIPATION: Amitiza, Linzess
	Note: a detailed UMWA Preferred Product Drug List can be obtained from: https://www.umwafunds.org/Health-Medical-Benefits/Pages/Preferred-Product-Program.aspx * Brands are preferred until generics become available

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date