

**CAREFIRST MD
Global Post Step Therapy State of Maryland Mandate (REG)**

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 855-582-2038 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Global Post Step Therapy State of Maryland Mandate (REG).

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group:

Patient DOB: / /

Physician Information

Physician Name

Physician Phone: - -

Physician Fax: - -

Physician Addr.:

City, St, Zip:

Drug Name (specify drug)

Quantity: _____ Frequency: _____ Strength: _____

Route of Administration: _____ Expected Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

Comments: _____

Please check the appropriate answer for each applicable 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)? Y N
- 2. Does the prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature? Y N
- 3. Is the preferred drug FDA-approved for the medical condition being treated? Y N
- 4. Has the prescriber documented in the patient's chart that the requested drug was ordered for the patient in the past 180 days? Y N
- 5. Has the prescriber documented in the patient's chart that in their opinion the requested drug is effective for the patient's condition? Y N
- 6. Has the patient experienced an inadequate treatment response to the preferred drug? Y N
- 7. Has the patient experienced an intolerance to the preferred drug? Y N
- 8. Does the patient have a contraindication that would prohibit a trial of the preferred drug? Y N

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

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.