

THERAPEUTIC ALTERNATIVES

PRIOR AUTHORIZATION REQUEST

PRESCRIBER FAX FORM

Only the prescriber may complete this form. This form is for prospective, concurrent, and retrospective reviews.

The following documentation is **REQUIRED**. Incomplete forms will be returned for additional information. For formulary information please visit www.myprime.com. Start saving time today by filling out this form electronically. Visit covermymeds.com to begin using this free service.

What is the priority level of this request?

- ☐ Standard review
- ☐ Expedited/Urgent review – prescriber certifies that waiting for a standard review could seriously harm the patient's life, health or ability to regain maximum function

Today's Date: _____

PATIENT AND INSURANCE INFORMATION

Date of Service (if differs from Today's Date): _____

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:	City, State, Zip:	Patient Telephone:	
Member ID Number:	Group Number:		

PRESCRIBER/CLINIC INFORMATION

Prescriber Name:	Prescriber NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis - ICD code plus description:	
Medication Requested:	Strength:
Dosing Schedule:	Quantity per Month:

For all requests:

- What is the patient's weight? _____ (kg)
- Is the patient currently being treated with the requested agent? ☐ Yes ☐ No
If yes, is the patient currently stable on the requested agent? **Please note, chart notes are required.** ☐ Yes ☐ No
- Does the patient have any FDA contraindications to the requested agent? ☐ Yes ☐ No
If yes, please specify FDA labeled contraindications: _____
- Please list all reasons for selecting the requested agent for the indicated diagnosis, strength, dosing schedule, and quantity over alternatives (e.g., compendia support, journal articles, contraindications, allergies, history of adverse drug reactions to alternatives, lower dose has been tried, information supporting dose over FDA max). **Please note, documentation may be required:** _____

- Has the patient been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer? ☐ Yes ☐ No
- Has the patient been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer? **Please note, chart notes are required.** ☐ Yes ☐ No
- If yes to either of the previous two questions, is the use of the requested agent consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration? ☐ Yes ☐ No

Please continue to the next page.

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
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Brand (Generic)	Suggested Therapeutic Alternative(s)
Absorica/Absorica LD (isotretinoin)	generic isotretinoin (Claravis, Amnesteem, Zenatane, Myorisan, Accutane)
Adapalene pads	generic adapalene, tretinoin, tazarotene cream
AirDuo (fluticasone/salmeterol)	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic Advair Diskus)
Ala-Scalp (hydrocortisone)	generic hydrocortisone cream 2.5%, hydrocortisone lotion 2.5%
Alphagan-P (brimonidine 0.15%)	generic brimonidine 0.2% ophthalmic solution
Amrix (cyclobenzaprine SR) Fexmid (cyclobenzaprine) Lorzone (chlorzoxazone)	generic cyclobenzaprine 5 mg and 10 mg tablets; generic tizanidine 2 mg and 4 mg tablets; chlorzoxazone 500 mg tablets
Aplenzin (bupropion hydrobromide) Wellbutrin XL (bupropion extended-release)	generic bupropion extended-release
Ativan	generic lorazepam
Azelex (azelaic acid)	generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide, and generic combinations
Bethkis (tobramycin) TOBI/Kitabis (tobramycin) TOBI Podhaler (tobramycin)	generic tobramycin 300 mg/5 mL inhalation solution, or generic tobramycin 300 mg/4 mL inhalation solution
Bupap (butalbital/acetaminophen)	generic butalbital/acetaminophen 50/325 mg
Cafergot (ergotamine/cafeine)	generic triptans (e.g. sumatriptan, eletriptan, naratriptan, rizatriptan, or zolmitriptan)
Cambia (diclofenac potassium) Diclofenac potassium 25 mg tablets Ketoprofen 25 mg capsules Ketoprofen 50 mg capsules Ketoprofen ER 200 mg capsules Lofena (diclofenac potassium) Mefenamic acid Nalfon/Fenoprofen Zipsor (diclofenac potassium)	generic prescription oral NSAID (that is not a target)
Carbinoxamine 6 mg tablets	Carbinoxamine 4 mg immediate release tablets, solution
Cordran (flurandrenolide lotion) Nolix (flurandrenolide lotion)	generic betamethasone dip lotion 0.1% or triamcinolone acetonide lotion 0.1% lotion
Coxanto/oxaprozin 300 mg	oxaprozin 600 mg
Crexont (carbidopa-levodopa ER) Rytary (carbidopa-levodopa ER)	generic carbidopa-levodopa ER
Cuprimine (penicillamine capsules)	penicillamine tablet 250 mg
Denavir (penciclovir cream)	Acyclovir 400 mg tablets, valacyclovir 2g, famciclovir 1.5g, acyclovir ointment, or Abreva OTC
Diflorasone cream Diflorasone ointment	generic betamethasone (Diprolene AF 0.05% cream), desoximetasone (Topicort 0.25% cream/ointment) or any other same potency generic topical corticosteroid
Doral (quazepam)	generic temazepam, generic flurazepam, or generic zolpidem
Ecoza (econazole nitrate foam) Exelderm (sulconazole nitrate cream/solution) Luzu (luliconazole) Naftifine cream Naftin Gel (naftifine hydrochloride) Oxistat (oxiconazole)	Ciclopirox olamine cream 0.77%, Econazole nitrate cream 1%, or Ketoconazole cream 2%
Elepsia XR (levetiracetam)	generic levetiracetam ER 500 mg, levetiracetam ER 750 mg (Keppra XR)
Epinephrine (Adrenaclick Authorized Generic) 0.15 mg auto-injector	generic Epipen 0.15 mg
Epinephrine (Adrenaclick Authorized Generic) 0.3 mg auto-injector	generic Epipen 0.3 mg
Ertaczo (sertaconazole nitrate)	ciclopirox gel 0.77% or ketoconazole cream 2%

Please continue to the next page.

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
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Brand (Generic)	Suggested Therapeutic Alternative(s)
Extina (ketoconazole foam)	ketoconazole shampoo 2%, or ketoconazole 2% cream
Ketodan (ketoconazole foam)	
Fenoglide (fenofibrate 120mg)	generic fenofibrate 48 mg, 54 mg, 145 mg, or 160 mg
Flurazepam 15mg and 30mg capsules	generic temazepam, triazolam, or estazolam
Halog	
Halcinonide 0.1% solution	generic fluocinonide soln 0.05%
Inderal XL/ Innopran XL (propranolol extended-release) 80 mg capsule	generic propranolol ER capsules
Inderal XL/ Innopran XL (propranolol extended-release) 120 mg capsule	generic propranolol ER capsules
Kenalog (triamcinolone spray)	generic triamcinolone 0.1% cream and lotion
Lexette (halobetasol propionate foam)	generic clobetasol propionate 0.05% cream, ointment, solution
Librax (chlordiazepoxide/clidinium)	IBS: dicyclomine, Viberzi Peptic Ulcer Disease: generic prescription or OTC proton pump inhibitor
Meloxicam capsules	generic meloxicam tablets
Millipred/Prednisolone tablet	prednisone 5 mg tab, prednisone solution, or prednisolone syrup
mupirocin 2% cream	generic mupirocin ointment
Naprelan (naproxen sodium, ER)	generic prescription or OTC immediate release naproxen tablets
Noritate (metronidazole cream)	metronidazole (gel, cream) or sulfacetamide
Phospholine iodide ophthalmic solution	latanoprost or pilocarpine
prednisolone sodium phosphate oral solution 10mg/5mL	other strengths of prednisolone solution
Reltone (ursodiol)	generic ursodiol 300 mg capsule
Rhofade (oxymetazoline hydrochloride)	azelaic acid gel 15% or topical metronidazole (cream, gel, lotion)
Sitavig (acyclovir)	generic oral acyclovir or generic oral valacyclovir
Sovuna 200 mg	generic hydroxychloroquine 200 mg tablets
Sovuna 300 mg	generic hydroxychloroquine 300 mg tablets
Sorilux (calcipotriene)	calcipotriene 0.005% solution, cream, or ointment
Treximet (sumatriptan/naproxen)	separate agents taken together: a generic triptan with a generic NSAID (that is not a target)
Xerese (acyclovir/hydrocortisone)	generic oral acyclovir, famciclovir, valacyclovir tablets/capsules
Zegerid/Konvomep (omeprazole/sodium bicarbonate)	generic omeprazole or pantoprazole
Zembrace (sumatriptan auto-injector)	generic sumatriptan (auto-injectors, syringes, vials)
Zovirax (acyclovir cream)	Acyclovir 400mg tablets, valacyclovir tablets, famciclovir tablets, acyclovir ointment, Abreva OTC
Zyflo (zileuton) or zileuton ER	generic montelukast

For the following questions, please submit chart notes to support the answers.

8. Has the patient tried and had an inadequate response to optimized therapy of ONE more cost-effective, clinically appropriate, formulary alternative? ☐ Yes ☐ No
9. Was optimized therapy of ONE more cost-effective, clinically appropriate, formulary alternative discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event? ☐ Yes ☐ No
10. Does the patient have an intolerance or hypersensitivity to ONE more cost-effective, clinically appropriate, formulary alternative that is not expected to occur with the requested agent? ☐ Yes ☐ No
11. Does the patient have an FDA labeled contraindication to ONE more cost-effective, clinically appropriate, formulary alternative that is not expected to occur with the requested agent? ☐ Yes ☐ No
12. Is optimized therapy of ONE more cost-effective, clinically appropriate, formulary alternative expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; or cause a significant barrier to the patient's adherence of care; or worsen a comorbid condition; or decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; or cause an adverse reaction or cause physical or mental harm? ☐ Yes ☐ No

Please continue to the next page.

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
<p>For the following questions, please submit chart notes to support the answers.</p> <p>13. Is optimized therapy of ONE more cost-effective, clinically appropriate, formulary alternative not in the best interest of the patient based on medical necessity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Has the patient tried another prescription drug in the same pharmacologic class or with the same mechanism of action as optimized therapy of ONE more cost-effective, clinically appropriate, formulary alternative and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Please fax or mail this form to: Prime Therapeutics LLC Clinical Review Department 2900 Ames Crossing Road Suite 200 Eagan, MN 55121</p> <p>TOLL FREE</p>		<p>CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please return the original message to Prime Therapeutics via U.S. Mail. Thank you for your cooperation.</p>	
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