

MAINTENANCE MEDICATION EXCEPTION FORM

To initiate a maintenance medication exception authorization, please complete, review information and fax signed forms to CVS/caremark at 888-487-9257. This fax machine is located in a secure location as required by HIPAA regulations. If you have any questions please contact CVS/caremark at 800-241-3371.

CRITERIA FOR APPROVAL				
1. Is the requested drug a controlled s	Is the requested drug a controlled substance (CII-CV) being prescribed for a 90 day supply?			No
2. Is the requested drug being prescribed for the treatment of a chronic condition?			Yes	No
3. Has the member used the requested drug continuously/daily for the last 180 days or more?			Yes	No
4. Does the prescriber intend to treat next 6 months?	the member with the requested drug conf	tinuously over the	Yes	No
Patient Information				
First Name:	Last Name:	Last Name:		
Home Phone Number:	Work Phone Number:			
Home Address:	City:	State:	Zip:	
Date of Birth:	Allergies:			
Insurance ID:	Group #:	Group #:		
Physician Information				
Physician Name:	Laune #			
Physician DEA#:	NPI #:		1	
Address:	City:	State:	Zip:	
Office Contact Name:	Phone Number:	Fax Number:		
Primary Diagnosis				
Primary ICD-9 (code):				
Clinical Information				
Drug & Dose Requested:				
Related Diagnosis for the Drug Requested:				
Quantity Requested (for a 90-day supply):				
Rationale for Maintenance Exception(please	a attach a lottor with modical rationals to	form):		
nationale for ivialities affection (pleas	e attacii a letter with medical rationale to	, 101111):		

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS/caremark or the benefit plan sponsor.

x		
Prescriber or Authorized Signature	Date: (mm/dd/yy)	

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message.

*CVS/Caremark is an independent company that provides pharmacy benefit management services.

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