

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:
<p>For all requests:</p> <p>1. What is the patient's weight? _____ (kg)</p> <p>2. Is the patient currently being treated with the requested agent?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the patient currently stable on the requested agent? Please note, chart notes are required..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does the patient have any FDA contraindications to the requested agent?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify FDA labeled contraindications: _____</p> <p>4. Does the requested quantity (dose) exceed the maximum FDA labeled dose for the requested indication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give rationale in support of therapy with a higher dose for the requested indication: _____ _____ If no, is the dosage increase requested appropriate based on recommended dosage titrations in FDA labeling or Compendia (i.e., dosage increase is not excessive, patient has been on current dose a sufficient length of time to determine efficacy/adverse effects)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ If no, can the requested quantity (dose) be achieved with a lower quantity of a higher strength?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____</p> <p>5. Has the patient been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. 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..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please continue to the next page.</p>	

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
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%	
Allzital (butalbital/acetaminophen) Bupap (butalbital/acetaminophen)		generic butalbital/acetaminophen 50/325 mg	
Alphagan-P (brimonidine 0.15%)		generic brimonidine 0.2% ophthalmic solution	
Amrix (cyclobenzaprine SR) Fexmid (cyclobenzaprine) Lorzone (chlorzoxazone)		generic cyclobenzaprine, 5 and 10mg tablets, or generic tizanidine, 2 and 4mg 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, or sulfacetamide and combinations	
Bethkis (tobramycin)		generic tobramycin 300 mg/5 mL inhalation solution, or generic tobramycin 300 mg/4 mL inhalation solution	
Cafergot (ergotamine/cafeine)		generic triptans (e.g. sumatriptan, eletriptan, naratriptan, rizatriptan, or zolmitriptan)	
Cambia (diclofenac potassium)		generic diclofenac potassium tablets	
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	
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	
Dutoprol (metoprolol succinate/hydrochlorothiazide)		generic metoprolol succinate + hydrochlorothiazide (as two separate pills)	
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 (Adrenaclik Authorized Generic) 0.15 mg auto-injector		generic Epipen 0.15 mg	
Epinephrine (Adrenaclik Authorized Generic) 0.3 mg auto-injector		generic Epipen 0.3 mg	
Ertaczo (sertaconazole nitrate)		ciclopirox gel 0.77% or ketoconazole cream 2%	
Extina (ketoconazole foam) Ketodan (ketoconazole foam)		ketoconazole shampoo 2%, or ketoconazole 2% cream	
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 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 (0.05%, 0.1%) cream and lotion	

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)
Ketoprofen 25mg capsule	generic meloxicam, ibuprofen, or naproxen
Ketoprofen ER 200mg capsule mefenamic acid Nalfon/Fenoprofen/Fenortho (fenoprofen) Tivorbex (indomethacin) Zipsor (diclofenac potassium) Zorvolex (diclofenac)	generic prescription oral NSAID
Levorphanol (levorphanol)	generic methadone, oxymorphone, or hydromorphone
Lexette (halobetasol propionate foam)	generic clobetasol propionate 0.05%, foam, solution or shampoo
Librax (chlordiazepoxide/clidinium)	IBS: dicyclomine, Viberzi, Lotronex, or Xifaxan Peptic Ulcer Disease: generic prescription or OTC proton pump inhibitor
Lofena (diclofenac potassium)	generic diclofenac potassium 50 mg tablets, generic meloxicam, generic ibuprofen, or generic naproxen
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
Niacor (niacin 500mg)	Niacin ER 500mg, Niacin ER 750mg or Niacin ER 1000mg
Noritrate (metronidazole cream)	metronidazole (gel, cream, lotion), or sulfacetamide
Pandel (hydrocortisone probutate)	generic hydrocortisone valerate 0.2 % cream or hydrocortisone butyrate 0.1% cream
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)
Rytary (carbidopa-levodopa ER)	generic carbidopa-levodopa ER
Sitavig (acyclovir)	generic oral acyclovir or generic oral valacyclovir
Sorilux (calcipotriene)	calcipotriene 0.005% solution, cream, or ointment
TOBI/Kitabis (tobramycin) TOBI Podhaler (tobramycin)	generic tobramycin 300 mg/5 mL inhalation solution
Treximet (sumatriptan/naproxen)	separate agents: generic triptans and generic NSAIDs
Vivlodex (meloxicam capsules)	generic meloxicam tablets
Xerese (acyclovir/hydrocortisone)	generic oral acyclovir, famciclovir, valacyclovir tablets/capsules
Xolegel (ketoconazole)	ketoconazole 2% cream
Zegerid/Konvomep (omeprazole/sodium bicarbonate)	generic omeprazole, lansoprazole, or pantoprazole
Zembrace (sumatriptan auto-injector)	generic sumatriptan (auto-injectors, syringes, or 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 the more cost-effective, clinically appropriate, formulary alternative?..... Yes No
9. Was optimized therapy of the 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 a 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 a more cost-effective, clinically appropriate, formulary alternative that is not expected to occur with the requested agent?..... Yes No

Please continue to the next page.

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
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For the following questions, please submit chart notes to support the answers.

12. Is optimized therapy of the 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
13. Is optimized therapy of the more cost-effective, clinically appropriate, formulary alternative not in the best interest of the patient based on medical necessity? Yes No
14. Has the patient tried another prescription drug in the same pharmacologic class or with the same mechanism of action as optimized therapy of the 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? Yes No

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