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**CAREFIRST ASO**  
**Fortamet, Glumetza**

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 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Fortamet, Glumetza.

<b>Patient Name:</b>	_____	<b>Date:</b>	11/27/2023
<b>Patient ID:</b>	_____	<b>Patient Date Of Birth:</b>	_____
<b>Patient Group No:</b>	_____	<b>Patient Phone:</b>	_____
<b>NPI#:</b>	_____	<b>Physician Name:</b>	_____
<b>Physician Office Address:</b>	_____		
		<b>Specialty:</b>	_____
		<b>Physician Office Telephone:</b>	_____

**Drug Name (select from list of drugs shown)**

Glumetza (metformin extended-release)	Metformin Extended-Release Tablets
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<b>Quantity:</b> _____	<b>Frequency:</b> _____	<b>Strength:</b> _____
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<b>Route of Administration:</b> _____	<b>Expected Length of Therapy:</b> _____
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<b>Diagnosis:</b> _____	<b>ICD Code:</b> _____
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**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check the appropriate answer for each applicable question.**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| 1. Has the patient experienced an intolerance to generic Glucophage XR? [If yes, then prescriber MUST submit chart notes or other documentation supporting date of trial and reason for intolerance to generic Glucophage XR.] | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Have chart notes or other documentation supporting date of trial and reason for intolerance to generic Glucophage XR been submitted to CVS Health?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |

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](http://www.caremark.com/epa).