CAREFIRST - DC EXCHANGE 5T Atypical Antipsychotics Step Therapy (HMF)

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 855-582-2022 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Atypical Antipsychotics Step Therapy (HMF).

Patie	nt Information				
Patier	nt Name:				
Patier	nt Phone:				
Patier	nt ID:				
Patier	nt Group:				
Patier	nt DOB:				
Physi	ician Information				
Physi	cian Name				
Physi	cian Phone:				
Physi	cian Fax:				
Physi	cian Addr.:				
City, S	St, Zip:				
Drug	Name (select from list of drugs shown)				
Vrayla	r (cariprazine)				
Quantity: Frequency: Strength:					
Route of Administration: Expected Length of Therapy:					
	osis: ICD Code:	_			
Comn	nents:				
Pleas	e check the appropriate answer for each applicable question.				
1.	Is the patient currently taking the requested drug with evidence of improvement?	Υ		N	
2.	Has the patient experienced an inadequate treatment response, after a trial of at least 30 days, to ONE of the following generic products: A) aripiprazole, B) asenapine, C) lurasidone, D) olanzapine, E) paliperidone, F) quetiapine, G) quetiapine extended-release, H) risperidone, I) ziprasidone?	Y		N	
3.	Does the patient have an intolerance or a contraindication that would prohibit a 30-day trial of ONE of the following generic products: A) aripiprazole, B) asenapine, C) lurasidone, D) olanzapine, E) paliperidone, F) quetiapine, G) quetiapine extended-	Y		N	
	release, H) risperidone, I) ziprasidone?				
4.		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

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