

Drug Coverage Review Request

Angiotensin II Receptor Blockers



SUPPLY ALL PRESCRIBER AND PATIENT INFORMATION

PRESCRIBER

MD First Name _____
MD Last Name _____
Address _____
City _____
State _____
Zip Code _____
Phone _____
Fax _____
DEA number (optional) _____

PATIENT

Cardholder ID # _____
Patient Last Name _____
Patient First Name _____
Date of Birth _____
Address _____
City _____
State _____
Zip Code _____
Phone _____

Medco manages the prescription drug benefit for your patient on behalf of his/her plan sponsor. Your patient's prescription drug benefit has a preferred drug list to help keep benefits affordable, and certain medications require a review for determination of coverage. The medication that you have prescribed requires a coverage review. To request consideration for coverage of the non-preferred medication, please complete the following questions and then fax this form to the toll-free number shown below. Upon receipt of the completed form, prescription benefit coverage for the non-preferred medication will be decided.

SECTION A Please answer the following questions

- Yes No If the drug is **Atacand** or **Atacand HCT**, is it being prescribed for a patient with heart failure?
- Yes No Has the patient experienced INTOLERANCE (that is, sensitivity, drug allergy, or adverse effect) to TWO different preferred angiotensin receptor blockers (ARB) or ARB/diuretic combination products?
- Yes No If **NO** to **previous question**, has the patient experienced THERAPEUTIC FAILURE with TWO different preferred angiotensin receptor blockers (ARB) or ARB combination products?

The preferred alternatives are:

losartan (manufactured by various manufacturers)
losartan HCTZ (manufactured by various manufacturers)
Diovan (manufactured by Novartis)
Diovan HCT (manufactured by Novartis)
Micardis (manufactured by Boehringer Ingelheim)
Micardis HCT (manufactured by Boehringer Ingelheim)

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1 800 837-0959

PLEASE DO NOT FAX WITH A COVER SHEET



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