



Care Appeal Form To Use a Brand Name Medicine

Plan Participant: Please complete Sections I and II. (Incomplete information will delay processing.)

Doctor: Please complete Section III and IV. Sign, Date, and FAX to Caremark.

Section I: Plan Participant Information – (Print Clearly)			
Name: Date of Birth	Address:	Day Telephone:	
Cardholder ID #:	City: State, Zip:	Evening Telephone:	
Section II: Doctor Information – (Print Clearly)			
Doctor Name:	Address 1:	Telephone:	
	Address 2:	Fax:	
	City:		
	State, Zip:		
Section III: Name of generic medicine that you are appealing			
Medicine Name:		Medicine Strength:	
Dosage Form:		Diagnosis:	
Section IV: Doctor Questionnaire			
		Please circle "Yes" or "No".	
1.	Patient has intolerance to the generic equivalent, e.g. adverse reaction, allergy or sensitivity.	Yes	No
2.	Patient failed a trial with the generic equivalent	Yes	No
3.	Transition to generic may pose a clinical risk	Yes	No
4.	Patient requires the use of brand name medicine (please document reason below)	Yes	No
Please describe the clinical necessity of this prescription for this patient:			
In the event we require additional clinical information, may we contact you?		Yes	No
As the patient's doctor who is prescribing the brand name product listed in this document, I certify that all the information regarding the patient's medicine history is complete and correct.			
Doctor Signature: _____ Date: _____			

FAX the completed form to Caremark at 1-866-309-2734. Thank you.

91-005481

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AT 1-800-XXX-XXXX. THANK YOU.