- AARP (Rx Saver, Rx Preferred)
- Anthem (MediBlue Rx Plus, MediBlue Standard Plans)
- Cigna (Assurance Rx, Extra Rx, Saver Rx Plans)
- Clear Spring Health (Premier Rx, Value Rx)
- HealthSpring (Assurance Rx)
- Humana (Basic, Premier, Value Plans)
- SilverScript (Choice)
- United Healthcare (AARP Preferred, AARP Saver)
- WellCare (Classic, Value Script Plans)
- MaineCare links / CMS standard form

AARP (Rx Saver, Rx Preferred)

AARP Website

Formularies (drug lists):

Rx Saver

Rx Preferred

Prior Authorization Criteria, Step Therapy Requirements:

Rx Saver: Prior Authorization Criteria and Step Therapy Requirements

Rx Preferred: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-800-711-4555

Coverage Determination (Prior Authorization) Fax: 1-844-403-1028

Redetermination (First Level Appeal) Form

Redetermination (First Level Appeal) Phone: 1-800-595-9532

Redetermination (First Level Appeal) Fax: 1-866-595-9532

Expedited Redetermination (First Level Appeal) Phone: 1-800-595-9532

Expedited Redetermination (First Level Appeal) Fax: 1-866-308-6296

Customer Service Line (Members): 1-877-394-5820 (TTY 711)

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Anthem (MediBlue Rx Plus, MediBlue Rx Standard)

Anthem Website

Formularies (drug lists):

- MediBlue Rx Plus
- MediBlue Rx Standard

Prior Authorization Criteria, Step Therapy Requirements:

- MediBlue Rx Plus: Prior Authorization Criteria and Step Therapy Requirements
- MediBlue Rx Standard: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-833-293-0661 (TTY 711)

Coverage Determination (Prior Authorization) Fax: 1-844-521-6938

Redetermination (First Level Appeal) Form

Redetermination (First Level Appeal) Phone: 1-866-755-2776 (TTY 711)

Redetermination (First Level Appeal) Fax: 1-888-458-1406

Expedited Redetermination (First Level Appeal) Phone: 1-866-755-2776 (TTY 711)

Customer Service Line (Members): 1-866-755-2776 (TTY 711)

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Cigna (Secure Rx, Extra Rx, Saver Rx)

Cigna Website

Formularies (drug lists):

- Assurance Rx Plan
- Extra Rx Plan
- Saver Rx Plan

Prior Authorization Criteria, Step Therapy Requirements

Assurance Rx: Prior Authorization Criteria and Step Therapy Requirements

Extra Rx: Prior Authorization Criteria and Step Therapy Requirements

Saver Rx: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination (Prior Authorization) Form

Coverage Determination (Prior Authorization) Phone: 1-800-417-8164

Coverage Determination (Prior Authorization) Fax: 1-877-251-5896

Redetermination (First Level Appeal) Form

Redetermination Appeal Phone: 1-877-813-5595

Redetermination Appeal Fax: 1-866-593-4482

Expedited Redetermination Appeal Phone: 1-877-813-5595

Customer Service (Members): 1-800-997-1654 (TTY 711)

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Clear Spring Health (Value Rx)

Clear Spring Health Website

Customer Service (Members): 1-877-317-6082 (TTY 711)

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HealthSpring (Assurance Rx)

HealthSpring Website

Formularies (Drug Lists):

Assurance Rx Plan

Prior Authorization Criteria, Step Therapy Requirements

Assurance Rx: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-866-845-6962 (TTY 711)

Coverage Determination (Prior Authorization) Fax:

Redetermination (First Level Appeal) Form

Redetermination Appeal Phone:

Redetermination Appeal Fax:

Expedited Redetermination (First level Appeal) Phone: 1-866-845-6962 (TTY: 711)

Customer Service Phone: 1-866-235-5660 (TTY: 711)

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Humana (Basic, Premier, Walmart Value Plans)

Humana Website

Formularies (Drug Lists):

- Basic Plan
- Premier Plan
- Value Plan

Prior Authorization Criteria, Step Therapy Requirements

- Basic Plan: Prior Authorization Criteria and Step Therapy Requirements
- Premier Plan: Prior Authorization Criteria and Step Therapy Requirements
- Value Plan: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-800-555-2546

Coverage Determination (Prior Authorization) Fax: 1-877-486-2621

Redetermination (First Level Appeal) Form

Redetermination Appeal Phone: 1-877-320-1235

Redetermination Appeal Fax: 1-888-556-2128

Expedited Redetermination Appeal Phone: 1-800-867-6601

Customer Service Phone: 1-800-457-4708 (TTY 711)

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SilverScript (Choice)

SilverScript Website

Formularies (Drug Lists):

Choice Plan

Prior Authorization Criteria, Step Therapy Requirements

Prior authorization criteria and step therapy requirements are included in the formulary.

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-866-235-5660 (TTY 711)

Coverage Determination (Prior Authorization) Fax: 1-855-633-7673

Redetermination (First Level Appeal) Form

Redetermination Appeal Phone: 1-866-235-5660 (TTY: 711)

Redetermination Appeal Fax: 1-855-633-7673

Expedited Redetermination (First level Appeal) Phone: 1-866-235-5660 (TTY: 711)

Customer Service Phone: 1-866-235-5660 (TTY: 711)

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United Healthcare (AARP Preferred, AARP Saver)

United Healthcare Website

Formularies (drug lists):

AARP Preferred

AARP Saver

Prior Authorization Criteria, Step Therapy Requirements:

AARP Preferred: Prior Authorization Criteria and Step Therapy Requirements

AARP Saver: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-800-595-9532

Coverage Determination (Prior Authorization) Fax: 1-844-403-1028

Redetermination (First Level Appeal) Form

Redetermination (First Level Appeal) Phone: 1-800-595-9532

Redetermination (First Level Appeal) Fax: 1-866-308-6294

Expedited Redetermination (First Level Appeal) Phone: 1-800-595-9532

Customer Service (Members): 1-800-595-9532

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WellCare (Classic, Value Plus, Value Script)

WellCare Website

Formularies (Drug Lists):

- Classic
- Value Script

Prior Authorization Criteria, Step Therapy Requirements:

- Classic: Prior Authorization Criteria and Step Therapy Requirements
- Value Plus: Prior Authorization Criteria and Step Therapy Requirements
- Value Script: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-888-550-5252

Coverage Determination (Prior Authorization) Fax: 1-866-388-1767

Redetermination (First Level Appeal) Form

Redetermination (First Level Appeal) Phone: 1-888-550-5252

Redetermination Fax: 1-866-388-1766

Expedited Redetermination Phone: 1-888-550-5252 (TTY: 711)

Customer Service Phone: 1-888-550-5252 (TTY: 711)

Pharmacy Provider Phone: 1-888-550-5252

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MaineCare Member Services: 1-800-977-6740

The MaineCare site has **MaineCare/DEL Formularies** and **Prior Authorization Forms** (not Medicare Part D).

The CMS website has a **standard form for coverage determinations** (prior authorizations), scroll down to "Downloads" and click on "Model Coverage Determination Request Forms and Instructions". This form can be used with any Medicare Part D Plan.

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Updated November 2023

Source URL: *https://mainelse.org/content/formulary-links-forms-and-contacts*