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

**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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**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: 1-800-535-0462

Redetermination Appeal Fax: 1-877-556-7005

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

Choice Plan: Prior Authorization Criteria and Step Therapy Requirements

Coverage Determination Form

Coverage Determination (Prior Authorization) Phone: 1-800-414-2386 (TTY 711)

Coverage Determination (Prior Authorization) Fax: 1-800-408-2386

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: 1-855-355-1407 (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

Rx Value Plus

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

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