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- [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)
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 - [WellCare](#) (Classic, Value Script Plans)
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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](tel: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](tel: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](tel: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](tel:1-877-320-1235)

Redetermination Appeal Fax: 1-888-556-2128

Expedited Redetermination Appeal Phone: [1-800-867-6601](tel:1-800-867-6601)

Customer Service Phone: [1-800-457-4708](tel: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](tel: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](tel:1-800-595-9532)

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

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

Customer Service (Members): [1-800-595-9532](tel: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](tel: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](tel:1-888-550-5252)

Redetermination Fax: 1-866-388-1766

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

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

Pharmacy Provider Phone: [1-888-550-5252](tel:1-888-550-5252)

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MaineCare Member Services: [1-800-977-6740](tel: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>