

CAREFIRST MD
Acne Products Combinations Topical Limit, Post PA

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 855-582-2038 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Acne Products Combinations Topical Limit, Post PA.

Patient Information

[illegible]

Physician Information

[illegible]

Drug Name (specify drug)

Quantity: _____ Frequency: _____ Strength: _____

Route of Administration: _____ Expected Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

Comments: _____

Please check the appropriate answer for each applicable question.

- | | | | | | |
|----|--|---|--------------------------|---|--------------------------|
| 1. | Is the requested drug being prescribed for the topical treatment of acne vulgaris? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. | Is the request for continuation of therapy? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. | Has the patient achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 4. | Does the patient require MORE than the plan allowance PER MONTH of any of the following: A) 94 grams of erythromycin-benzoyl peroxide gel (Benzamycin), B) 90 grams of clindamycin phosphate-benzoyl peroxide 1.2-5 percent gel, C) 100 grams of clindamycin phosphate-benzoyl peroxide 1.2-2.5 percent, 1-5 percent, 1.2-3.75 percent gel (Acanya, BenzaClin, Onexton), D) 100 grams of clindamycin phosphate-adapalene-benzoyl peroxide gel (Cabtreo)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 5. | Does the patient require MORE than the plan allowance PER MONTH of any of the following: A) 94 grams of erythromycin-benzoyl peroxide gel (Benzamycin), B) 90 grams of clindamycin phosphate-benzoyl peroxide 1.2-5 percent gel, C) 100 grams of clindamycin phosphate-benzoyl peroxide 1.2-2.5 percent, 1-5 percent, 1.2-3.75 percent gel (Acanya, BenzaClin, Onexton), D) 100 grams of clindamycin phosphate-adapalene-benzoyl peroxide gel (Cabtreo)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

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