## CAREFIRST F3 Clindamycin Erythromycin Topical Limit-Post Limit

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 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Clindamycin Erythromycin Topical Limit-Post Limit.

Patient	Information				
Patient					
Patient	Phone:				
Patient					
Patient	Group:				
Patient					
Physici	an Information				
Physicia					
Physicia	an Phone:				
Physicia	an Fax:				
Physicia	an Addr.:				
City, St,					
Drug Na	ame (specify drug)				
Quantity: Frequency: Strength:					
Route of Administration: Expected Length of Therapy:					_
Diagnosis: ICD Code:					
Comme	nts:				
Please	check the appropriate answer for each applicable question.				
1. ls	s the requested drug being prescribed for the topical treatment of acne vulgaris?	Y		Ν	
2. Is	s the requested drug being used in a footbath?	Y		Ν	
3. Is	s the request for continuation of therapy?	Υ		Ν	
	las the patient achieved or maintained a positive clinical response as evidenced by nprovement (e.g., reduction in number of lesions, etc.)?	Y		Ν	
fc C	Does the patient require MORE than the plan allowance PER MONTH of any of the bllowing: A) 120gm or mL of Erythromycin gel or solution (Erygel), B) 120mL of clindamycin lotion or solution (Cleocin-T lotion, Cleocin-T solution), C) 150gm or mL of clindamycin gel (Clindagel, Cleocin-T gel)?	Y		N	
fc C	Does the patient require MORE than the plan allowance PER MONTH of any of the ollowing: A) 120gm or mL of Erythromycin gel or solution (Erygel), B) 120mL of Clindamycin lotion or solution (Cleocin-T lotion, Cleocin-T solution), C) 150gm or mL of Clindamycin gel (Clindagel, Cleocin-T gel)?	Y		Ν	

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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