## **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					
Patien	t Name:				
Patien	t Phone:				
Patien	t ID:				
Patien	t Group:				
Patien	DOB:				
Physic	cian Information				
Physic	ian Name				
Physic	ian Phone:				
Physic	ian Fax:				
Physic	ian Addr.:				
City, S	t, zip:				
Drug Name (specify drug)					
Quantity: Frequency: Strength:					
Route of Administration: Expected Length of Therapy:					_
Diagnosis: ICD Code:		_			
Comm	ents:				
	e check the appropriate answer for each applicable question.				
1.	Is the requested drug being prescribed for the topical treatment of acne vulgaris?	Υ	П	N	П
2.	Is the requested drug being prescribed for the topical treatment of achie vulgaris:	Y		N	П
3.	Is the request for continuation of therapy?	Y		N	П
4.	Has the patient achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)?	Y		N	
5.	Does the patient require MORE than the plan allowance PER MONTH of any of the following: 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	
6.	Does the patient require MORE than the plan allowance PER MONTH of any of the following: 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	

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.

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.