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237221

CAREFIRST - ANNE ARUNDEL COUNTY PUBLIC SCHOOLS (AACPS)
Male Condoms 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 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Male Condoms Limit - Post PA.

Patient Name:	_____	Date:	8/25/2025
Patient ID:	_____	Patient Date Of Birth:	_____
Patient Group No:	_____	Patient Phone:	_____
NPI#:	_____	Physician Name:	_____
Physician Office Address:	_____		
		Specialty:	_____
		Physician Office Telephone:	_____

Drug Name (select from list of drugs shown)

Male Condoms (OTC) Male Condoms

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

- Does the patient require more than 12 condoms per month due to a clinical need (e.g., increased sexual activity, condom breakage, or other need to have multiple condoms available for each sexual encounter)? Y ☐ N ☐
- Does the patient require MORE than the plan allowance of 24 condoms per month? Y ☐ N ☐

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

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.