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CAREFIRST ASO
Solaraze

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 Solaraze.

Patient Name:	_____	Date:	11/27/2023
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)

Diclofenac Sodium 3%
Transdermal Gel

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 [diclofenac sodium gel 3 percent (generic Solaraze)] being prescribed for the treatment of actinic keratoses (AK)? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. | Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to ONE of the following: A) imiquimod 5 percent cream, B) fluorouracil cream or solution? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. | Does the patient require more than the plan allowance of 100 grams per month? | 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

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.