**CAREFIRST F3**
**Tretinoin Products***

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 Tretinoin Products*.

## Patient Information

**Patient Name:**

**Patient Phone:** ☐☐☐-☐☐☐-☐☐☐☐

**Patient ID:**

**Patient Group:**

**Patient DOB:** ☐☐/☐☐/☐☐☐☐

## Physician Information

**Physician Name**

**Physician Phone:** ☐☐☐-☐☐☐-☐☐☐☐

**Physician Fax:** ☐☐☐-☐☐☐-☐☐☐☐

**Physician Addr.:**

**City, St, Zip:**

## 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. | Does the patient have a diagnosis of acne vulgaris? | **Y** ☐ | **N** ☐ |
| 2. | Is the request for continuation of therapy? | **Y** ☐ | **N** ☐ |
| 3. | Has the patient achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)? | **Y** ☐ | **N** ☐ |
| 4. | Does the patient have a diagnosis of keratosis follicularis (Darier's disease, Darier-White disease)? | **Y** ☐ | **N** ☐ |
| 5. | Is the request for continuation of therapy? | **Y** ☐ | **N** ☐ |
| 6. | Has the patient achieved or maintained a positive clinical response as evidenced by improvement? | **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**