PA Request Criteria





178980

CAREFIRST ASO Acne Products Combinations Topical 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 Acne Products Combinations Topical Limit, Post PA.

Patient Name: Patient ID: Patient Group No:		NPI#:	Date: Patient Date Of Birth: Patient Phone:		11/27/2023 Physician Name: Specialty:				
Phy	sician Office Address:			Ph	Physician Office Telephone				
Dru	g Name (specify drug)	_							
Quantity:		Frequency: Strengt		ngth:	gth:				
	ite of Administration: gnosis:	Expected Length of Therapy: ICD Code:							
	ase check the appropriat	e answer for each applica	ble question.	,	Y		N		
2.	following: A) 94 grams o clindamycin phosphate-l	f erythromycin-benzoyl perc benzoyl peroxide 1.2-5 perc benzoyl peroxide 1.2-2.5 pe	ance PER MONTH of any of the oxide gel (Benzamycin), B) 90 gram ent gel (Duac), C) 100 grams of rcent, 1-5 percent, 1.2-3.75 percent		Y		N		
and	true, and that the documentat	sted is medically necessary for to ion supporting this information ate or federal regulatory agency	this patient. I further attest that the infor is available for review if requested by they.	mation pe claims	pro	ovided is rocessor	accura , the h	ate ealth	

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.