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**CAREFIRST - ANNE ARUNDEL COUNTY PUBLIC SCHOOLS (AACPS)**  
**Clotrimazole Troches 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 Clotrimazole Troches Limit-Post PA.

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

**Drug Name (select from list of drugs shown)**

Clotrimazole Troches

**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 being used for the treatment of oropharyngeal candidiasis?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 2. Is the requested drug being used in a footbath?                                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 3. Does the patient require more than the plan allowance of 140 lozenges per 28 days? | 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](http://www.caremark.com/epa).