

**CAREFIRST
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 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. Is this requested drug being prescribed for the treatment of acne vulgaris? **Y** **N**
- 2. Does the patient require MORE than the plan allowance PER MONTH of any of the following: A) 94gm of Erythromycin-benzoyl peroxide gel (Benzamycin), B) 90gm of Clindamycin phosphate-benzoyl peroxide 1.2-5 percent gel (Duac), C) 100gm of Clindamycin phosphate-benzoyl peroxide 1.2-2.5 percent, 1-5 percent, 1.2-3.75 percent gel (Acanya, BenzaClin, Onexton)? **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.