CAREFIRST - CITY OF BALTIMORE
Elidel

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 Elidel.

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group No:

Patient DOB: / /

Prescribing Physician

Physician Name:

Physician Phone: - -

Physician Fax: - -

Physician Address:

City, State, Zip:

Drug Name (select from list of drugs shown)

Elidel (pimecrolimus) Pimecrolimus

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 prescribed for mild to moderate atopic dermatitis (eczema)? **Y** ☐ **N** ☐
2. Will the requested drug be used on sensitive skin areas (e.g. face, genitals, or skin folds)? **Y** ☐ **N** ☐
3. Has the patient experienced an inadequate treatment response, intolerance, or contraindication to at least one first line therapy agent (e.g., medium or higher potency topical corticosteroid)? **Y** ☐ **N** ☐
4. Is the patient less than 2 years of age? **Y** ☐ **N** ☐
5. Is the requested drug being prescribed for psoriasis on the face, genitals, or skin folds OR vitiligo on the head or neck? **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.