

### CAREFIRST - MD EXCHANGE 5T Mupirocin Limit-Post Limit (HMF)

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 855-582-2022 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Mupirocin Limit-Post Limit (HMF).

#### 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)

Mupirocin 2% Ointment

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 any of the following: A) impetigo due to Staphylococcus aureus and Streptococcus pyogenes, B) superficial bacterial skin infections, C) prophylaxis of catheter exit-site infections? Y  N
- 2. Is the requested drug being prescribed for the treatment of secondarily infected traumatic skin lesions due to susceptible isolates of Staphylococcus aureus and Streptococcus pyogenes? Y  N
- 3. Is Bactroban (mupirocin calcium cream 2 percent) being requested? Y  N
- 4. Is the requested drug being prescribed to treat a body surface area that requires more than 30 grams in a one month period? Y  N
- 5. Does the patient require MORE than the plan allowance of 60 grams of the requested drug in a one month period? 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

Effective July 1, 2015, Maryland law will require providers to submit pharmaceutical preauthorization requests electronically. To use ePA, either contact your electronic health record vendor or visit [www.covermymeds.com/epa/caremark](http://www.covermymeds.com/epa/caremark)