## CAREFIRST - MD EXCHANGE 5T Antifungal Topical Combinations 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 Antifungal Topical Combinations 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:			
•	ect from list of drugs shown)		
•		cinolone Cream	
Drug Name (sele Clotrimazole-Be Cream	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo	cinolone Cream	
Drug Name (sele Clotrimazole-Be Cream	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo Lotion Sinolone Ointment Frequency: Strength:		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triame Quantity: Route of Admin	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo Lotion Cintment Frequency: Strength: istration: Expected Length of Therapy:		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triame Quantity:	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo Lotion Sinolone Ointment Frequency: Strength:		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triame Quantity: Route of Admin	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo Lotion Cintment Frequency: Strength: istration: Expected Length of Therapy:		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triame Quantity: Route of Admin Diagnosis: Comments:	etamethasone  Clotrimazole-Betamethasone  Nystatin-Triamo    Lotion  Strength    cinolone Ointment  Strength:     Frequency:  Strength:    istration:   Strength:     ICD Code:		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triamo Quantity: Route of Admin Diagnosis: Comments:  Please check th 1. Is this requ	etamethasone Clotrimazole-Betamethasone Nystatin-Triamo Lotion Cintment Frequency: Strength: istration: Expected Length of Therapy:		
Drug Name (sele Clotrimazole-Bo Cream Nystatin-Triamo Quantity: Route of Admin Diagnosis: Comments:  Please check th 1. Is this required following: A	etamethasone  Clotrimazole-Betamethasone  Nystatin-Triamo    Lotion  Strength:    cinolone Ointment  Strength:    istration:  Expected Length of Therapy:    ICD Code:  ICD Code:    e appropriate answer for each applicable question.    est for clotrimazole/betamethasone (Lotrisone) for the treatment of any of the		
Drug Name (sele Clotrimazole-Be Cream Nystatin-Triamo Quantity: Route of Admin Diagnosis: Comments:  Please check th 1. Is this required following: A 2. Is this required	etamethasone  Clotrimazole-Betamethasone  Nystatin-Triamo    Lotion  Strength    cinolone Ointment  Frequency:  Strength:    istration:  Expected Length of Therapy:  ICD Code:    ICD Code:  ICD Code:  ICD Code:    e appropriate answer for each applicable question.  est for clotrimazole/betamethasone (Lotrisone) for the treatment of any of the	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