

OPTIMA HEALTH PLAN

Pharmacy Prior Authorization Request Form*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Differin (adapalene), Retin-A (tretinoin), Tretinoin

- Differin, Retin-A, and Tretinoin are restricted to non-cosmetic purposes only.
- Fine wrinkles, mottled hyperpigmentation (age spots), and tactile roughness are related to the normal aging process and are considered cosmetic indications.
- Information must be provided that use of Differin, Retin-A, or Tretinoin is clinically required to treat acne vulgaris in a patient greater than 29 years of age.

Please indicate below reason for request:

___ Patient greater than 29 years of age has been diagnosed with acne vulgaris.

Patient _____

Member Number _____

Signed _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____

(If available)

*Approved by Pharmacy and Therapeutics Committee 9/18/05