

Topical Acne Prior Authorization Request Form

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)

Select the requested drug below:

<input type="checkbox"/> Epiduo (adapalene-benzoyl peroxide)	<input type="checkbox"/> Tazorac 0.05% cream
<input type="checkbox"/> Epiduo Forte	<input type="checkbox"/> Tazorac (tazarotene) 0.1% cream
<input type="checkbox"/> Neuac Kit	<input type="checkbox"/> Tazorac gel

Select the diagnosis below:

Acne vulgaris

Other diagnosis: _____ ICD-10 Code(s): _____

Select if the patient has a documented trial and failure to any of the following medications for at least 30 days:

- Adapalene*
- Benzoyl peroxide
- Benzoyl peroxide/clindamycin
- Benzoyl peroxide/erythromycin
- Clindamycin topical
- Erythromycin topical
- Sodium sulfacetamide
- Sodium sulfacetamide/sulfur
- Tretinoin (generic Retin-A)*

* Please note: This product may require prior authorization for patient's greater than 29 years of age

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Prescriber Signature: _____ **Date:** _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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