



Please complete ALL information below and fax your request to 1-888-671-5285

Isotretinoin Prior Authorization Request Form

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Member Information (required)			Provider Information (required)		
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 (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if generic substitution is acceptable <input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:

Clinical Information (required)
Select the diagnosis below: <input type="checkbox"/> Acne <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
Prescriber specialty: Is the requested medication being prescribed by a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select the medications the patient has a trial and failure, contraindication, or intolerance to after an adequate trial (at least 6 weeks): <input type="checkbox"/> A topical retinoid or retinoid-like agent [e.g., Retin-A/Retin-A Micro (tretinoin)] <input type="checkbox"/> Benzoyl peroxide and an ORAL antibiotic [e.g., Ery-Tab (erythromycin), Minocin (minocycline)] <input type="checkbox"/> Benzoyl peroxide and a TOPICAL antibiotic [e.g., Cleocin-T (clindamycin), erythromycin, BenzaClin (benzoyl peroxide/clindamycin), Benzamycin (benzoyl peroxide/erythromycin)] (if oral antibiotics are not indicated)
Reauthorization: If this is a reauthorization request, answer the following: After <u>greater than 2 months OFF therapy</u> , is persistent or recurring acne still present? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the patient's weight? _____ What is the patient's total cumulative dose (mg/kg) for the total duration of therapy? _____

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.

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