PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Jublia and Kerydin

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please provide ICD code(s) for diagnosis.

Q2. What is the patient's diagnosis?

- ☐ Onychomycosis of the toenails due to Trichophyton rubrum or Trichophyton mentagrophytes
- ☐ Other (please specify)

Q3. Was the onychomycosis documented within the last 6 months by one of the following? Please select all that apply.

- ☐ Positive KOH preparation
- ☐ Positive periodic-acid-Schiff staining
- ☐ Positive fungal culture

Q4. Please select all that apply to this patient.

- ☐ History of cellulitis of the lower extremity, especially if repeated, and ipsilateral toenail onychomycosis
- ☐ Diabetes with additional risk factors for cellulitis (ie, prior cellulitis, venous insufficiency, edema)
- ☐ Pain associated with infected nails
- ☐ Immunosuppression
- ☐ None of the above

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Q5. Does the patient have failure of or contraindication to any of the following? Please select all that apply

☐ Oral terbinafine ☐ Topical ciclopirox

Q6. Additional Comments

Prescriber Signature

Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.