

## PRIOR AUTHORIZATION REQUEST FORM EOC ID:

### **Absorica**

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:	Filone.
Group Number:	NPI:	State Lic ID:
Address:	Address:	Cidio Elo IB.
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. What diagnosis is this drug being prescribed for (pick	one)?	
Severe recalcitrant nodular acne	Other (Please Specify)	
Q2. Please provide ICD code(s) for diagnosis.		
Q3. Is the patient a new start to therapy?		
☐ Yes	□ No	
Q4. Has the patient failed an adequate trial of conventiona antibiotics?	I therapy for severe recalcitrant ac	cne including systemic
☐ Yes	□ No	
Q5. Please select all of the following isotretinoin products to generic isotretinoin capsules Amnesteem Claravis Myorisan Zenatane	to which the patient has failed an a	adequate trial.



## PRIOR AUTHORIZATION REQUEST FORM EOC ID:

#### **Absorica**

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:
Other (Please Specify)	
Q6. Please select all the following isotretinoin products to vintolerance.    generic isotretinoin capsules   Amnesteem   Claravis   Myorisan   Zenatane   Other (please specify)	which the patient has contraindication or clinically significant
Q7. If request is for a second course of Absorica therapy, I course? (Please provide dates of first course)	nave at least 8 weeks lapsed since completion of the first
Q8. Additional Comments	
Prescriber Signature  □ Expedited/Urgent - By checking this box and signing abov	Date  L 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 a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.



# PRIOR AUTHORIZATION REQUEST FORM EOC ID: Absorica

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.

	Prescriber Name:
Patient Name:	Supervising Physician:

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document