



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Retin-A Micro/Tretinoin/Tazorac

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:	
Member/Subscriber Number:	Supervising Physician:	
Date of Birth:	Fax:	Phone:
Group Number:	Office Contact:	
Address:	NPI:	State Lic ID:
City, State ZIP:	Address:	
Primary Phone:	City, State ZIP:	
	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 indicate which drug is being requested? (pick one) <input type="checkbox"/> Tretinoin (Retin-a Micro or topical generic tretinoin) <input type="checkbox"/> Tazorac
Q2. For what diagnosis is this drug being prescribed (pick one)? <input type="checkbox"/> Acne Vulgaris <input type="checkbox"/> Actinic Keratosis <input type="checkbox"/> Acne Rosacea <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> other
Q3. If other, please indicate the diagnosis in the space below.
Q4. Please provide the ICD diagnosis code for the condition indicated in either question #2 or #3 above.
Q5. If diagnosis is Actinic Keratosis, does the patient have a history of cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Additional Comments:



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Form fields for Patient Name, Prescriber Name, and Supervising Physician.

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.

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