iowa total care | ia health link | Hawki | envolve Pharmacy Solutions

FAX Completed Form To
1.833.404.2392

Pharmacy Help Desk
1.800.460.8988

Prescriber Help Desk
1.833.587.2012

Request for Prior Authorization
ISOTRETINOIN (ORAL)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI	Pharmacy fax	NDC

Preferred

☐ Amnesteem ☐ Claravis ☐ Myorisan ☐ Zenatane

Non-Preferred

☐ Absorica

Strength	**Dosage Instructions**	**Quantity**	**Days Supply**
________	________________________	________	________

Diagnosis:____ Date of Initial Treatment: ______________________

*If PA extension, please specify exact date range of last drug-free interval: From: ______________To:______________

Documentation of trial failures with systemic antibiotic & vitamin A derivative:

Systemic Antibiotic Drug Trial: Drug Name & Dose__________________________________ Trial Dates:____________

Failure Reason____

Vitamin A Derivative Drug Trial: Drug Name & Dose:________________________________ Trial Dates:____________

Failure Reason____

Is patient enrolled in iPLEDGE program and meets all program requirements? ☐ No ☐ Yes

Reason for use of Non-Preferred drug requiring prior approval:____

Other medical conditions to consider:____

Possible drug interactions/conflicting drug therapies:____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission

IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*