



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  
MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM  
(VUSION) OINTMENT  
(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
<b>Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.</b>		
Pharmacy NPI 	Pharmacy fax	NDC 

**Prior authorization is required for miconazole-zinc oxide-white petrolatum (Vusion) ointment. Payment will only be considered for cases in which there is documentation of previous trials and failures with 1) over-the-counter miconazole 2% cream (payable with a prescription) AND 2) nystatin cream or ointment, unless evidence is provided that use of these agents would be medically contraindicated.**

**Non-Preferred**

Miconazole-Zinc Oxide-White Petrolatum       Vusion

**Strength                      Dosage Instructions                      Quantity                      Days Supply**  
\_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_

Treatment failure with over-the counter miconazole 2% cream (payable with a prescription):

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_ Reason for failure: \_\_\_\_\_

\_\_\_\_\_

Treatment failure with nystatin cream or ointment:

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_ Reason for failure: \_\_\_\_\_

\_\_\_\_\_

Medical or contraindication reason to override trial requirements: \_\_\_\_\_

\_\_\_\_\_

**Attach lab results and other documentation as necessary.**

Prescriber Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**\*MUST MATCH PRESCRIBER LISTED ABOVE**

**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.