





FAX Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012

Online

covermymeds.com/main/ prior-authorization-forms/

Request for Prior Authorization MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM (VUSION) OINTMENT (PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Men	nber ID # 	ı	Patient name		DOB	
Patient address		l l				
Provider NPI			Prescriber name		Phone	
Prescriber addre	SS	<u> </u>			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			
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: T		rial end date: Reason for failu		ailure:		
Treatment failur	re with nysta	atin crea	m or ointment:			
	•		rial end date: Reason		ailure:	
Medical or contraindication reason to override trial requirements:						
Attach lab resu	lts and othe	r docum	entation as necessary.			
Prescriber Signa *MUST MATCH PR	ature: RESCRIBER L	ISTED AB	OVE	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.

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