



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
TOPICAL ACNE AND ROSACEA PRODUCTS

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Strength	Dosage Form	Dosage Instructions	Quantity	Days Supply
_____	_____	_____	_____	_____

Diagnosis: _____

If acne vulgaris, document concurrent benzoyl peroxide use:

Drug Name & Strength: _____

Dosing Instructions: _____ Start date: _____

Non-Preferred Topical Acne or Rosacea Products

Acne Diagnosis: Document trials with two preferred topical acne agents of a different chemical entity; if a non-preferred combination product is requested, the two trials must be preferred topical acne combination products

Rosacea diagnosis: Document trial with one preferred topical rosacea agent of a different chemical entity:

Preferred Trial 1: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Preferred Trial 2: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Requests for Non-Preferred Agents outside of antibiotic or retinoid class (e.g, Winlevi):

Preferred Topical Retinoid: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Trial 2: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Trial 3: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

Medical or contraindication reason to override trial requirements: _____

Other relevant information: _____

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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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 Health and Human Services, that the member continues to be eligible for Medicaid.