

## TOPICAL STEROIDS PRIOR AUTHORIZATION FORM

- Please submit **all** requested documentation with this request. Incomplete documentation may delay the processing of this request.
- To review the prior authorization guidelines for Topical Steroids, please refer to the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapters – **Steroids, Topical Low; Steroids, Topical Medium; Steroids, Topical High;** and **Steroids, Topical Very High** (accessible at: <http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>).

PRIOR AUTHORIZATION INFORMATION			PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Additional info (PA# _____)	# of pages in request: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			State license #:	
LTC facility contact/phone:			NPI:	MA Provider ID#:
RECIPIENT INFORMATION			Street address:	
Recipient Name:			Suite #:	City/state/zip:
Recipient ID#:	DOB:	Phone:	Fax:	

### CLINICAL INFORMATION

<b>Name of non-preferred medication requested:</b>			
Strength/concentration:	Dose/directions:	Quantity per month:	Refills:
Formulation ( <i>circle one</i> ): cream / emollient cream / ointment / lotion / gel / solution / spray / foam / other ( <i>specify</i> ): _____			
1. Does the Recipient have a history of trial and failure, contraindication, or intolerance of the preferred topical steroids of the same potency classification? <i>Check all that apply. Submit documentation of topical steroids tried and treatment outcomes.</i>			
<b><u>Low Potency</u></b>		<b><u>Medium Potency</u></b>	
<input type="checkbox"/> alclometasone dipropionate 0.05% cream or ointment		<input type="checkbox"/> Elocon 0.1% solution	
<input type="checkbox"/> hydrocortisone OTC 0.5% or 1% cream, ointment, or lotion		<input type="checkbox"/> fluticasone propionate cream or ointment	
<input type="checkbox"/> hydrocortisone Rx 2.5% cream or ointment		<input type="checkbox"/> hydrocortisone butyrate 0.1% ointment	
<input type="checkbox"/> Capex shampoo		<input type="checkbox"/> mometasone furoate 0.1% cream, ointment, or solution	
<b><u>High Potency</u></b>		<b><u>Very High Potency</u></b>	
<input type="checkbox"/> betamethasone dipropionate 0.05% lotion		<input type="checkbox"/> clobetasol 0.05% emollient cream, gel, or solution	
<input type="checkbox"/> betamethasone valerate 0.1% cream, lotion, or ointment		<input type="checkbox"/> Clobex 0.05% lotion, shampoo, or spray	
<input type="checkbox"/> triamcinolone acetonide cream, lotion, or ointment		<input type="checkbox"/> Olux 0.05% foam	
		<input type="checkbox"/> Temovate 0.05% cream or ointment	
(For potency classifications, refer to the Preferred Drug List at <a href="http://www.providersynergies.com/services/documents/PAM_PDL.pdf">http://www.providersynergies.com/services/documents/PAM_PDL.pdf</a> .)			

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION**

Prescriber Signature:	Date:
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