ACNE AGENTS, TOPICAL PRIOR AUTHORIZATION FORM

Prior authorization guidelines for Acne Agents, Topical and Quantity Limits/Daily Dose Limits are available on the DHS Pharmacy Services website at https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx

<table>
<thead>
<tr>
<th>New request</th>
<th>Renewal request</th>
<th>Total # of pages: _______</th>
<th>Prescriber name:</th>
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<tbody>
<tr>
<td>Name of office contact:</td>
<td>Specialty:</td>
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<tr>
<td>Contact’s phone number:</td>
<td>NPI:</td>
<td>State license #:</td>
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<tr>
<td>Facility contact/phone:</td>
<td>Street address:</td>
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<tr>
<td>Beneficiary name:</td>
<td>Suite #:</td>
<td>City/state/zip:</td>
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</tr>
<tr>
<td>Beneficiary ID#:</td>
<td>DOB:</td>
<td>Phone:</td>
<td>Fax:</td>
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**CLINICAL INFORMATION**

Name of medication requested: __________________________________________

(For a complete list of preferred and non-preferred products, refer to the Preferred Drug List at https://papdl.com/preferred-drug-list.)

**Formulation (chose one):**
- cleanser/wash
- cream
- foam
- gel
- lotion
- medicated pad/pledget
- other: __________________________

**Strength/concentration:**

**Dose/directions:**

**Quantity per month:**

**Refills:**

**For a non-preferred Acne Agent, Topical:** Does the beneficiary have a history of trial and failure of or contraindication or intolerance to the preferred agents in this class approved or medically accepted for treatment of the beneficiary’s condition? Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.

- Yes – Submit documentation.
- No

**For a beneficiary 21 years of age or older,** will the beneficiary be using the requested medication for a non-cosmetic indication? Indicate beneficiary’s diagnosis:

- [ ] acne
- [ ] plaque psoriasis
- [ ] rosacea
- [ ] other: __________________________

- Yes  Submit documentation of beneficiary’s diagnosis.
- No

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

Prescriber Signature: __________________________ Date: __________________________

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Form effective 8/1/2020