

Prior Authorization Form

**CAREMARK FAX FORM**

Isotretinoin Products

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS|Caremark at **1-888-836-0730**.

Please contact CVS|Caremark at **1-888-414-3125** with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Isotretinoin Products.

Drug Name (specify drug) \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Group No.: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

**Prescribing Physician**

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_**

**Please circle the appropriate answer for each applicable question.**

- |  |   |   |
|--|---|---|
| 1. Does the patient have a diagnosis of acne (e.g., severe [recalcitrant] nodulocystic acne, treatment-resistant acne or acne producing physical or psychological scarring, or cystic acne?<br>[If the answer to this question is yes, may skip to question 7.]  | Y | N |
| 2. Does the patient have a diagnosis of carcinoma (e.g., basal cell carcinoma, squamous cell carcinoma)?<br>[If the answer to this question is yes, may skip to question 9.]   | Y | N |
| 3. Does the patient have a diagnosis of malignant neoplasm (e.g., cutaneous T-cell lymphoma, neuroblastoma)?<br>[If the answer to this question is yes, may skip to question 9.]   | Y | N |
| 4. Does the patient have a diagnosis of psoriasis?<br>[If the answer to this question is yes, may skip to question 9.]   | Y | N |
| 5. Does the patient have a diagnosis of severe refractory rosacea?<br>[If the answer to this question is yes, may skip to question 9.]   | Y | N |
| 6. Does the patient have a diagnosis of severe Keratinization Disorders (e.g., keratosis follicularis [Darier-White disease], pityriasis rubra pilaris, lamellar ichthyosis, keratosis palmaris et plantaris, congenital ichthyosiform erythroderma, lichen planus)?<br>[If the answer to this question is yes, may skip to question 9.] | Y | N |
| 7. Has the patient tried and had insufficient response to systemic antibiotics?  | Y | N |
| 8. Has the patient tried and failed any of the following treatments in   | Y | N |

addition to systemic antibiotics?

- Topical antibiotics (for example: topical clindamycin or topical erythromycin)
- Benzoyl peroxide products (Oxy-10, Benzac)
- Topical retinoids (for example: Retin-A, Avita,)
- Birth control pills that are approved for acne treatment (females only)

9. Is patient currently taking a tetracycline class product? Y N

[If no, skip to question 11.]

10. Will the tetracycline class product be discontinued prior to isotretinoin therapy? Y N

11. Has the patient taken a previous course (up to 20 weeks) of oral isotretinoin therapy? Y N

[If answer is no, no further questions needed.]

12. Has the patient been off therapy for at least 8 weeks? Y N

13. Has the patient received 2 courses (up to a total of 40 weeks) of oral isotretinoin therapy? Y N

**Comments:** \_\_\_\_\_

I affirm that the information given on this form is true and accurate as of this date.

\_\_\_\_\_  
**Prescriber (Or Authorized) Signature and Date**