

Iowa Department of Human Services

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

Request for Prior Authorization IMMUNOMODULATORS-TOPICAL

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address	,	Fax
Pharmacy name	Address	Phone
Prescriber must complete all informa	tion above. It must be legible, correct, and c	omplete or form will be returned.
Pharmacy NPI	Pharmacy fax	NDC
and therapy failure with a prefer will be considered for non-immu 0.1% for patients 16 years of age topical corticosteroid, except on tube per 90 days to ensure approlimited to 30 grams for use on required trials may be overridde medically contraindicated. Preferred Elidel Protopic	red agent. Payment for pimecrolimus (nocompromised patients two years of a and older when there is an adequate triface or groin. If criteria for coverage are priate short-term and intermittent utilizathe face, neck, and groin, and 60 gramen when documented evidence is provi	pere is documentation of a previous trial (Elidel®) or tacrolimus (Protopic®) 0.03% ge and older and tacrolimus (Protopic®) all and therapy failure with one preferred expected met, requests will be approved for one tion of the medication. Quantities will be sor 100 grams for all other areas. The ded that use of these agents would be accolimus Ointment The description of the protopic of the prot
Diagnosis:		
	ame& Dose	Trial Dates:
Preferred Drug Trial 1: Drug Na Failure Reason Does the patient have an immur		
Preferred Drug Trial 1: Drug Na Failure Reason Does the patient have an immur If yes, diagnosis:	ocompromised condition? Yes No	
Preferred Drug Trial 1: Drug Na Failure Reason	ame& Dose ocompromised condition? Yes No	
Preferred Drug Trial 1: Drug Na Failure Reason	ocompromised condition? Yes No	

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.