PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial Individual (Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Tretinoin (generic Vesanoid)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Tretinoin 10 mg capsule

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Oral oncology partial fill program

Each fill of tretinoin capsules is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductible and copayments.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Precertification Requirements

What is the patient's diagnosis?

- ☐ Acute promyelocytic leukemia
- ☐ AIDS-related Kaposi's sarcoma
- ☐ Lichen planus
- ☐ Malignant melanoma
- ☐ Myelodysplastic syndrome
- ☐ Osteosarcoma of bone

☐ Other – the patient's condition is: _____

Rationale for use: _____

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 07/2015

Last reviewed 03/2019