



Request for Prior Authorization
MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM
(VUSION) OINTMENT

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for miconazole-zinc oxide-white petrolatum (Vusion) ointment. Payment will only be considered for cases in which there is documentation of previous trials and failures with 1) over-the-counter miconazole 2% cream (payable with a prescription) AND 2) nystatin cream or ointment, unless evidence is provided that use of these agents would be medically contraindicated.

Non-Preferred

[] Miconazole-Zinc Oxide-White Petrolatum [] Vusion

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

Treatment failure with over-the counter miconazole 2% cream (payable with a prescription):

Trial start date: Trial end date: Reason for failure:

Treatment failure with nystatin cream or ointment:

Trial start date: Trial end date: Reason for failure:

Medical or contraindication reason to override trial requirements:

Attach lab results and other documentation as necessary.

Prescriber Signature: Date of Submission:

*MUST MATCH PRESCRIBER LISTED ABOVE

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.