



ACNE MEDICATION

Avita, Azelex, Differin, Finacea, Retin-A, Retin-A Micro, Retinoic Acid, Tazorac & Tretinoin

Member Information

Name _____
 Enrollment / Cardholder ID _____
 Group / Plan _____
 Birth Date _____
 Address _____
 City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____

Practitioner Information

Name _____
 Agent / Contact Name _____
 Specialty _____
 Office / Clinic Name _____
 Address _____
 City State Zip _____
 Phone () - _____
 Fax () - _____
 Email _____ @ _____

**Primary Diagnosis Condition /
Diagnosis Related – Reason for Request**

Diagnosis:

- Acne vulgaris
- Plaque psoriasis – please indicate body surface area % (BSA) involvement: _____
- Other: Please indicate: _____

Strength / Dose

Duration of Therapy (Expected)

**Formulary Alternatives
Attempted/Outcome**

Clinical Drug / Lab History Pertinent to Request

Contact Pharmacy? Y N

Pharmacy Phone Number

Practitioner Signature

Date Received: _____
 Reviewed By: _____
 Forwarded To: _____

**FAX Form to
877-800-5633**