08/06/2013

HMSA Quest (Medicaid)

HMSA QUEST (MEDICAID)

Tazorac (Medicaid)

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 **1-855-762-5206**.
Please contact CVS/Caremark at **1-855-220-5732** with questions regarding the HMSA Quest (Medicaid) process.
When conditions are met, we will authorize the coverage of Tazorac (Medicaid).

Drug Name (select from list of drugs shown)

Tazorac (tazarotene)

Quantity _____ **Frequency** _____ **Strength** _____

Route of Administration _____ **Expected Length of Therapy** _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone:

Prescribing Physician

Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Does the patient have the diagnosis of plaque psoriasis? Y N
   [If the answer to this question is no, then no further questions are required.]
2. Will the patient be applying Tazorac to less than 20% of body surface area? Y N
3. Has the patient tried at least two topical corticosteroids (e.g., clobetasol, fluocinonide, mometasone, triamcinolone)? (The patient may still be using a corticosteroid product in addition to Tazorac.) Y N
   [If the answer to this question is yes, then skip to question 5.]
4. Does the patient have a contraindication to topical corticosteroids? Y N
   [If the answer to this question is no, then no further questions are required.]
5. Is the patient female and able to bear children (e.g., no hysterectomy, not reached menopause, has achieved menses)? Y N
   [If the answer to this question is no, then no further questions are required.]

6. Has a negative result for a pregnancy test having a sensitivity down to at least 50mIU/mL for hCG been obtained within 2 weeks prior to Tazorac therapy, beginning during a normal menstrual period? Y N
7. Has the physician discussed with the patient the potential risks of fetal harm and importance of birth control while using Tazorac? Y N

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

Prescriber (Or Authorized) Signature and Date