

Altabax[®] Prior Authorization Request Form DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

| Member Information (required) | | | Provider Information (required) | | | | |
|-------------------------------|---------------------------------|------------------------|---------------------------------|------------------------|--------------|---------------------------|--|
| Member Name: | | | Provider Name: | | | | |
| Insurance ID#: | | | NPI#: | | Specialty: | | |
| Date of Birth: | | | Office Phone: | | | | |
| Street Address: | | | Office Fax: | | | | |
| City: | State: | Zip: | Office Street | Office Street Address: | | | |
| Phone: | | | City: | State: | State: Zip: | | |
| | | Medicatior | n Information | (required) | | | |
| Medication Name: | | | Strength: | | Dosage Form: | | |
| Check if requesting brand | | | Directions for | Directions for Use: | | | |
| Check if reque | est is for continuatio r | n of therapy | | | | | |
| | | Clinical I | nformation (red | quired) | | | |
| Select the di | agnosis below: | | | | | | |
| Methicillin | resistant Staphylo | ococus aureus (MR | SA) | | | | |
| Other diagnosis: | | | ICD-10 C | ICD-10 Code(s): | | | |
| Medication h | nistory: | | | | | | |
| | | generic mupirocin d | pintment or cream | for a minimum c | of 5 days v | within the last 90 | |
| days? 🛛 Yes | s 🗆 No | | | | | | |
| Quantity limi | | | | | | | |
| | <i>,</i> | per MONTH? | | | | | |
| | | ding the plan limita | | | | | |
| | quires a larger qua | antity to cover a larg | ger surface area | | | | |
| Other: | | | | | | | |
| | | | | | | | |
| Are there any other | r commonte diagnoco | symptoms modication | s triad or failed and/or | any other informatio | n the physic | ian fools is important to | |

re there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important this review?

Please note:

This request may be denied unless all required information is received. For urgent or expedited requests please call 1-855-401-4262. This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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