



IOWA Provider Services
1 (844) 236-1464

Iowa Department of Human Services
Request for Prior Authorization
TOPICAL CORTICOSTEROIDS



FAX Completed Form To
1 (877) 733-3195

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID # _____			Patient name _____			DOB _____	
Patient address _____							
Provider NPI _____			Prescriber name _____			Phone _____	
Prescriber address _____						Fax _____	
Pharmacy name _____			Address _____			Phone _____	
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.							
Pharmacy NPI _____			Pharmacy fax _____			NDC _____	

Prior authorization is required for non-preferred topical corticosteroids. Payment will be considered for patients when there is documentation of adequate trials and therapy failures with at least two preferred, chemically distinct, topical corticosteroid agents within the same potency class or a higher potency class in the past 12 months. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Drug Name: _____ **Strength:** _____ **Dosage Form:** _____

Dosage Instructions: _____ **Quantity:** _____ **Days Supply:** _____

Diagnosis: _____

Preferred Topical Corticosteroid Trial 1:

Drug Name & Dose: _____ **Trial Dates:** _____

Failure Reason: _____

Preferred Topical Corticosteroid Trial 2:

Drug Name & Dose: _____ **Trial Dates:** _____

Failure Reason: _____

Medical or contraindication reason to override trial requirements:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)		Date of submission
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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. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*