



JOHNS HOPKINS
M E D I C I N E

JOHNS HOPKINS
HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

1 Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

Step 2 Please complete the clinical assessment:

1. Is this request for continuation of therapy?	<input type="checkbox"/> Yes proceed to question 12	<input type="checkbox"/> No proceed to question 2
2. Is the requested medication being used for acne vulgaris or rosacea?	<input type="checkbox"/> Yes proceed to question 6	<input type="checkbox"/> No proceed to question 3
3. Is the requested medication being used for the treatment of a susceptible infection?	<input type="checkbox"/> Yes proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
4. What medication is being requested?	<input type="checkbox"/> Doryx (generic doxycycline hyclate 50, 100, 150, 200 mg DR) - proceed to 5 <input type="checkbox"/> Doryx MPC - proceed to 5 <input type="checkbox"/> Acticlate - proceed to 5 <input type="checkbox"/> Minocin - proceed to 5 <input type="checkbox"/> Vibramycin - proceed to 5 <input type="checkbox"/> Okebo - proceed to 5 <input type="checkbox"/> All others – STOP - Coverage not approved	
5. Has the patient failed or had clinically significant adverse events to generic immediate-release doxycycline?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved

Continue on next page

<p>6. What medication is being requested?</p>	<input type="checkbox"/> Acticlate - proceed to 7 <input type="checkbox"/> Doryx (generic doxycycline hyclate 50, 100, 150, 200 mg DR) -proceed to 7 <input type="checkbox"/> Doryx MPC - proceed to 7 <input type="checkbox"/> Targadox - proceed to 7 <input type="checkbox"/> Monodox - proceed to 7 <input type="checkbox"/> Morgidox - proceed to 7 <input type="checkbox"/> Mondoxyne NL - proceed to 7 <input type="checkbox"/> Oracea and generic doxycycline monohydrate 40mg IR/DR - proceed to 9 <input type="checkbox"/> Adoxa – proceed to 7 <input type="checkbox"/> Avidoxy – proceed to 7 <input type="checkbox"/> Minocin – proceed to 7 <input type="checkbox"/> Vibramycin – proceed to 7 <input type="checkbox"/> Okebo – proceed to 7 <input type="checkbox"/> All others – STOP - Coverage not approved	
<p>7. Has the patient tried and had an inadequate response to or failed to tolerate one generic immediate-release doxycycline product (hyclate or monohydrate salt)?</p>	<input type="checkbox"/> Yes proceed to question 8	<input type="checkbox"/> No STOP Coverage not approved
<p>8. Has the patient tried and had an inadequate response to or failed to tolerate one generic immediate-release minocycline product?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved
<p>9. Does the patient have rosacea with inflammatory lesions (papules and pustules) or ocular rosacea symptoms?</p>	<input type="checkbox"/> Yes proceed to question 10	<input type="checkbox"/> No STOP Coverage not approved
<p>10. Has the patient tried generic immediate-release doxycycline (does not include doxycycline 40 mg IR/DR) and had an inadequate response or could not tolerate it due to gastrointestinal adverse events?</p>	<input type="checkbox"/> Yes proceed to question 11	<input type="checkbox"/> No STOP Coverage not approved
<p>11. Has the patient failed topical rosacea treatments, including metronidazole 1% gel?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved
<p>12. Has the patient's therapy been re-evaluated within the last 12 months?</p>	<input type="checkbox"/> Yes proceed to question 13	<input type="checkbox"/> No STOP Coverage not approved

Prior Authorization Request Form for Tetracyclines (Acticlate, Avidoxy, Doryx [doxycycline hyclate], Doryx MPC, Targadox, Minocin, Morgidox, Oracea [doxycycline monohydrate 40mg IR/DR] generic and doxycycline monohydrate 40mg IR/DR, Mondoxyne NL, Adoxa, Monodox, Vibramycin, Okebo)

<p>13. Is the patient tolerating treatment and there continues to be a medical need for the medication?</p>	<p><input type="checkbox"/> Yes proceed to question 14</p>	<p><input type="checkbox"/> No STOP Coverage not approved</p>
<p>14. Does the patient have disease stabilization or improvement in disease while on therapy?</p>	<p><input type="checkbox"/> Yes Sign and date below</p>	<p><input type="checkbox"/> No STOP Coverage not approved</p>

I certify the above is true to the best of my knowledge. Please sign and date:

**Step
3**

_____ Prescriber Signature

_____ Date

[6 March 2019]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: