Priority Partners MCO
7231 Parkway Drive, Suite 100
Hanover, MD 21076

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

Prior Authorization

JOHNS HOPKINS HEALTHCARE (MEDICAID)

Adapalene - Priority Partners MCO

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Johns Hopkins Healthcare at **1-410-424-4607**.
Please contact Johns Hopkins Healthcare at **1-888-819-1043** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Adapalene - Priority Partners MCO.

Drug Name (select from list of drugs shown)

Adapalene Differin (adapalene)

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. Is this request for continuation of therapy? Y N

[Note: The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.]

[If no, then skip to question 3.]

2. Is the patient showing clinical improvement from treatment? Y N

[Note: Documentation must be submitted.]

	[No further questions.]		
3.	Is this request for the treatment of any of the following non-cosmetic conditions: A) Acne vulgaris, B) Cystic acne, C) Pre-malignant actinic keratosis, D) Keratosis follicularis, E) Verruca plana and verruca plantaris refractory to first-line treatment?	Y N	
	[Note: Documentation must be submitted.]		
	[If no, then no further questions.]		
4.	Is this request for brand Differin?	Y N	
	[If no, then no further questions.]		
5.	Has the patient tried and experienced an inadequate response to two formulary topical acne products, including generic adapalene?	Y N	
	[Note: Documentation must be submitted.]		

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date