

PREAUTHORIZATION FORM

Brand and Generic formulations of:

Doryx™ (Doxycycline DR); Oracea™ (Doxycycline);
 Periostat™ (Doxycycline); Solodyn™ (Minocycline ER); Adoxa® (Doxycycline)

Therapeutic use: Commonly used for the treatment of moderate to severe acne, inflammatory lesions of rosacea, or periodontal disease

Quantity Limit:

- **Doryx:** 60 tablets per month
- **Oracea:** 30 capsules per month
- **Periostat:** 60 tablets per month
- **Solodyn:** 30 tablets per month
- **Adoxa:** 60 tablets per month

Authorization Period: 12 months

Patient's name _____

Patient's ID# DOB / /

ICD-9

Physician's name _____

Physician's Ph# () - Fax# -

Physician's signature _____ Date signed / /

Supervising Physician's name _____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:

1.	Which medication is being requested? <input type="checkbox"/> Doryx <input type="checkbox"/> Oracea <input type="checkbox"/> Periostat <input type="checkbox"/> Solodyn <input type="checkbox"/> Adoxa		
2.	Has the patient failed a trial of two or more generic antibiotics? Please list: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the patient have an intolerance to generic doxycycline or minocycline? Explain: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.