Texas | Medicaid

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Aldara (imiquimod) Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 844-474-3341

1. PATIENT INFORMATION

Patient Name: ______________________________

Patient ID #: ______________________________

Patient DOB: ______________________________

Date of Rx: ______________________________

Patient Phone #: ______________________________

Patient Email Address: ______________________________

2. PHYSICIAN INFORMATION

Prescribing Physician: ______________________________

Physician Address: ______________________________

Physician Phone #: ______________________________

Physician Fax #: ______________________________

Physician Specialty: ______________________________

Physician DEA: ______________________________

Physician NPI #: ______________________________

Physician Email Address: ______________________________

3. MEDICATION	4. STRENGTH	5. DIRECTIONS	6. QUANTITY PER 30 DAYS
☐ Aldara ☐ imiquimod	☐ 5% cream	______________	Specify: ______________

7. DIAGNOSIS: ______________________________

8. APPROVAL CRITERIA: **CHECK ALL BOXES THAT APPLY**

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Patient's age:

☐ Yes ☐ No Patient has a diagnosis of genital or perianal warts in the last 60 days

☐ Yes ☐ No Patient has a diagnosis of actinic keratosis or basal cell carcinoma in the last 60

9. PHYSICIAN SIGNATURE

______________________________ ______________________________

Prescriber or Authorized Signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

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