



Vusion Ointment (Miconazole-Zinc Oxide-White Petrolatum) Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.

Provider Help Desk: 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

<input type="checkbox"/> Vusion Ointment	_____	_____	Specify: _____
<input type="checkbox"/> Miconazole-Zinc Oxide-White Petrolatum	_____	_____	_____

7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization is required for miconazole-zinc oxide-white petrolatum (Vusion) ointment. Payment will only be considered for cases in which there is documentation of previous trials and failures with both of the following:

- Over-the-counter miconazole 2% cream (payable with a prescription)**
- Nystatin cream or ointment, unless evidence is provided that use of these agents would be medically contraindicated.**

Treatment failure with over-the counter miconazole 2% cream (payable with a prescription):

Trial start date: _____ Trial end date: _____

Reason for failure: _____

Treatment failure with nystatin cream or ointment:

Trial start date: _____ Trial end date: _____

Reason for failure: _____

Medical or contraindication reason to override trial requirements: _____

Attach lab results and other documentation as necessary.

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.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.