Tetracyclines
(Adoxa, Doryx, Oracea, Solodyn)

Prior Authorization Request
(Physician to Complete)

Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet Date: ______/______/______

To: Wellmark Pharmacy Services From (Prescriber's Name): ______________________

Fax Number: (866) 884-4345 Prescriber's DEA Number: ______________________

Phone Number: (800) 600-8065 Prescriber's Phone Number: ______________________

Prescriber's Specialty: ______________ Prescriber's Fax Number: ______________________

Prescriber's Office Address: ____
Street Suite # City State Zip

Patient Name: ____

Patient ID: ______________________________ **Patient DOB:** ______/______/______

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

Note: Prior authorization applies to brand and generic versions of Adoxa, Doryx, Oracea, and Solodyn.

1. Please provide the diagnosis this therapy has been prescribed for: ______________________

   ____

   ICD-9 Code: ______________________

2. Is this request for a continuation of therapy? ☐ Yes ☐ No
3. Has the patient tried and failed on a regular-release doxycycline product dosed twice daily? ☐ Yes ☐ No
4. Has the patient tried and failed on a regular-release minocycline product dosed twice daily? ☐ Yes ☐ No
5. Please provide the reason(s) for discontinuation of above therapies: ______________________

   ____

   ____

6. Drug Name Requested: ______________ Drug Strength: ______________mg

   Quantity per Day: ______________units

   Directions:____

________________________________ ________________________________
Printed Name Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.