

## Prior Authorization Request Form for Antifungals- Diflucan/Lamisil/Sporanox

**Member Information**

**Provider Information**

Patient Name \_\_\_\_\_ Provider Name \_\_\_\_\_  
 Cardholder ID \_\_\_\_\_ DEA Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
 Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

**Pharmacy Information**

Pharmacy Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Criteria for Approval:**

1. Antifungal requested: *Check one (please include strength):*  
 Diflucan \_\_\_\_\_  Lamisil \_\_\_\_\_  Sporanox \_\_\_\_\_
2. Does the patient have a diagnosis of one of the following? *Check all that apply:*  
 Blastomycosis       Cryptococcal Meningitis       Aspergillus  
 Coccidiomycosis       Disseminated Candida       Onychomycosis  
 Histoplasmosis       Other \_\_\_\_\_
3. Has the diagnosis been confirmed by a KOH preparation or fungal culture? Yes  No
4. Has the patient been on the product requested for the previous 6 months? Yes  No
5. Does the patient meet at least one of the following criteria? *Check all that apply:*  
 Patient is diabetic  
 Patient is immunocompromised due to AIDS, anti-rejection treatment, chemotherapy for cancer, etc  
 Patient has a systemic dermatosis with impaired skin integrity (i.e., pemphigus, ichthyosis)  
 Patient has peripheral vascular disease  
 Patient requires treatment of fingernails and/or toenails due to dermatophytes

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax completed forms to (866) 284-4509.**

**For Office Use Only**

Date/Time Received \_\_\_\_\_  
 Reference Number \_\_\_\_\_  
 Approved / Denied (Circle One) by \_\_\_\_\_ Date \_\_\_\_\_  
 Date/Time Returned to Provider \_\_\_\_\_

If you have any questions regarding this form, contact the Prior Authorization Department Toll Free at (866) 284-4492 or FAX Toll Free at (866) 284-4509.

FOX Rx Care Utilization Management  
 3375-I Capital Circle NE  
 Tallahassee, FL 32308

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