



**BlueCross BlueShield
of North Carolina**

**Adapalene (Differin® and Epiduo®)
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH
PRACTICE ADDRESS	CITY	STATE ZIP

Dx Code: _____

For which of the following conditions is the requested adapalene product being prescribed?

Treatment of acne vulgaris

Treatment of another condition (please describe): _____

Indicate the drug product being requested and answer the associated questions, if any:

Generic adapalene 0.1% gel or cream

Brand-name Adapalene (Differin) 0.1% gel, 0.1% cream, 0.3% gel, OR 0.1% lotion

1) Has the patient tried generic adapalene 0.1% and it was not successful? Yes No

2) Has the patient tried generic adapalene 0.1% and experienced intolerable side effects? ... Yes No

Adapalene/Benzoyl Peroxide (Epiduo)

1) Has the patient tried generic adapalene 0.1% and it was not successful?... Yes No

2) Has the patient tried generic adapalene 0.1% and experienced intolerable side effects? Yes No

Please certify the following by signing and dating below:

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that BCBSNC may request medical records for this patient at any time in order to verify this information. I further understand that if BCBSNC determines this information is not reflected in my patient's medical records, BCBSNC may request a refund of any payments made and/or pursue any other remedies available.

Prescriber's Signature (Required): _____ Date: _____

For BCBSNC members, fax form to 1-800-795-9403