

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

**Salagen (oral pilocarpine tablets)**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_  
Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED  
FORM TO 855-828-4992 note the new fax number**

**NOTE:** Ophthalmic pilocarpine drops may be administered orally with the same effects and safety profile as oral pilocarpine tablets. Because of the price disparity between the drops and the tablets, Utah Medicaid's Drug Utilization Review Board recommends a trial of ophthalmic pilocarpine, administered orally, before use of oral tablets.

**CRITERIA:**

- Documented trial and failure of ophthalmic pilocarpine drops, administered orally, at an appropriate dose (please indicate administration technique and dose in progress notes).

**AUTHORIZATION:**

Initial authorization will be granted for one year.

**RE-AUTHORIZATION:**

Subsequent authorizations will be granted upon submission of progress notes re-iterating need and effectiveness.

08/15/2011

<http://health.utah.gov/medicaid/pharmacy>