



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit go.covermymeds.com/OptumRx to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Antipsoriatic Agents Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NP#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:	Dosage Form:	
<input type="checkbox"/> Check if requesting brand <input type="checkbox"/> Check if request is for continuation of therapy			Directions for Use:		
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Psoriasis <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Select the medications the patient has a failure, contraindication, or intolerance to:					
<input type="checkbox"/> Calcipotriene cream <input type="checkbox"/> Calcipotriene solution					
Select the corticosteroid topical treatments the patient has a failure, contraindication, or intolerance to:					
Medium potency:		High potency:		Very high potency:	
<input type="checkbox"/> Betamethasone dipropionate (Diprosone) <input type="checkbox"/> Betamethasone valerate (Valisone) <input type="checkbox"/> Betamethasone valerate (Luxiq) <input type="checkbox"/> Clacortolone pivalate (Cloderm) <input type="checkbox"/> Desoximetasone (Topicort) <input type="checkbox"/> Fluocinolone acetonide (Synalar) <input type="checkbox"/> Fluticasone propionate (Cutivate) <input type="checkbox"/> Flurandrenolide (Cordran) <input type="checkbox"/> Hydrocortisone butyrate (Locoid) <input type="checkbox"/> Hydrocortisone butyrate (Westcort) <input type="checkbox"/> Mometasone furmoate (Elocon) <input type="checkbox"/> Triamcinolone acetonide (Aristocort, Kenalog)		<input type="checkbox"/> Amcinonide (Cyclocort) <input type="checkbox"/> Augmented betamethasone dipropionate (Diprolene, Diprolene AF) <input type="checkbox"/> Betamethasone dipropionate (Diprosone) <input type="checkbox"/> Betamethasone valerate (Valisone) <input type="checkbox"/> Desoximetasone (Topicort) <input type="checkbox"/> Diflorasone diacetate (Florone, Maxiflor) <input type="checkbox"/> Fluocinolone acetonide (Synalar) <input type="checkbox"/> Fluocinonide (Lidex) <input type="checkbox"/> Halcinonide (Halog)		<input type="checkbox"/> Augmented betamethasone dipropionate (Diprolene) <input type="checkbox"/> Clobetasol propionate (Temovate) <input type="checkbox"/> Diflorasone diacetate (Psorcon) <input type="checkbox"/> Halobetasol propionate (Ultravate)	
Quantity limit requests:					
What is the quantity requested per MONTH? _____					
What is the reason for exceeding the plan limitations?					
<input type="checkbox"/> Patient requires a larger quantity to cover a larger surface area <input type="checkbox"/> Other: _____					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

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Antipsoriatic Agents Prior Authorization Request Form (Page 2 of 2)

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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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