



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://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

## Enstilar<sup>®</sup> Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information <small>(required)</small>					
<b>Select the diagnosis below:</b> <input type="checkbox"/> Plaque psoriasis <input type="checkbox"/> Psoriasis vulgaris <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Medication history:</b> Does the patient have a history of failure, contraindication, or intolerance to a medium to high potency topical steroid and a Vitamin D analog used concurrently? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, select the individual topical steroid below that was used in combination:</b>					
<b>Medium potency:</b> <input type="checkbox"/> Betamethasone dipropionate (Diprosone) <input type="checkbox"/> Betamethasone valerate (Valisone) <input type="checkbox"/> Betamethasone valerate (Luxiq) <input type="checkbox"/> Clocortolone 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 furoate (Elocon) <input type="checkbox"/> Triamcinolone acetonide (Aristocort, Kenalog)		<b>High potency:</b> <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)		<b>Very high potency:</b> <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)	
<b>Reauthorization. If this is a reauthorization request, answer the following question:</b> Has the patient responded to therapy (e.g., symptoms have improved)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Quantity limit requests:</b> What is the quantity requested per MONTH? _____ <b>What is the reason for exceeding the plan limitations?</b> <input type="checkbox"/> Patient requires a larger quantity to cover a larger surface area <input type="checkbox"/> Other: _____					



## Enstilar<sup>®</sup> 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?

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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.