



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

## Xiaflex® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)	Provider Information (required)
-------------------------------	---------------------------------

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 (required)
-----------------------------------

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 (required)
---------------------------------

**Select the diagnosis below:**

Dupuytren's contracture

Peyronie's disease

Other diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

---

**For Dupuytren's contracture, answer the following:**

Does the patient have a diagnosis of Dupuytren's contracture with a palpable cord?  Yes  No

Does the patient have a positive "table top test" (defined as the inability to simultaneously place the affected finger and palm flat against a table top)?  Yes  No

Does the patient have a documented contracture of at least 20 degrees flexion for a metacarpophalangeal joint or a proximal interphalangeal joint?  Yes  No

Does the patient have a flexion deformity that results in functional limitations?  Yes  No

---

**For Peyronie's disease, answer the following:**

Does the patient have a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy?  Yes  No

Does the patient have plaques that involve the penile urethra?  Yes  No

Does the patient have a curvature deformity that results in pain (e.g., pain upon erection or intercourse)?  Yes  No

**Reauthorization:**

**If this is a reauthorization, also answer the following question:**

Does the patient have a new plaque that results in a curvature deformity?  Yes  No

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.