



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

## Acanya® & Clindamycin-benzoyl peroxide 1.2-2.5%

### 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 brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Acne vulgaris					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Select the medications the patient has a failure, contraindication, or intolerance to:</b>					
<input type="checkbox"/> Benzamycin					
<input type="checkbox"/> Clindamycin-benzoyl peroxide 1-5%					
<input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-5%					
<input type="checkbox"/> Erythromycin-benzoyl peroxide					
<input type="checkbox"/> Neuac					
<input type="checkbox"/> Onexton					

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.  
 If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
 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.