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

Ciclopirox Solution Products 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:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Onychomycosis of the fingernails
❑ Onychomycosis of the toenails
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical information:

Does the patient have dermatophytomas or lunula (matrix) involvement? ❑ **Yes** ❑ **No**
Does the patient have mild to moderate disease involving at least one great toenail? ❑ **Yes** ❑ **No**
Has the diagnosis of onychomycosis been confirmed by one of the following? ❑ **Yes** ❑ **No**

- Culture
- Histology
- Positive potassium hydroxide (KOH) preparation

Select the medications the patient has a failure, contraindication, or intolerance to:

❑ Itraconazole
❑ Jublia
❑ Kerydin
❑ Lamisil
❑ Oral terbinafine
❑ Sporanox

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.
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.