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

Clobetasol Prior Authorization Request Form

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

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
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)

What is the patient's diagnosis for the medication being requested?

ICD-10 Code(s): _____

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

- ❑ Amcinonide
- ❑ Apexicon E
- ❑ Augmented betamethasone dipropionate
- ❑ Betamethasone dipropionate
- ❑ Betamethasone valerate
- ❑ Clobetasol propionate cream
- ❑ Clobetasol propionate emollient
- ❑ Clobetasol propionate foam
- ❑ Clobetasol propionate gel
- ❑ Clobetasol propionate liquid
- ❑ Clobetasol propionate lotion
- ❑ Clobetasol propionate ointment
- ❑ Clobetasol propionate shampoo
- ❑ Clobetasol propionate solution
- ❑ Clobex
- ❑ Clodan
- ❑ Desoximetasone
- ❑ Diflorasone diacetate
- ❑ Diprolene
- ❑ Diprolene AF
- ❑ Elocon
- ❑ Fluocinonide
- ❑ Fluocinonide emulsified base
- ❑ Fluticasone propionate
- ❑ Halobetasol propionate
- ❑ Halog
- ❑ Mometasone furoate
- ❑ Psorcon
- ❑ Temovate
- ❑ Topicort
- ❑ Triamcinolone acetonide
- ❑ Ultravate

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.