



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

Differin® (adapalene) 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)	
Select the diagnosis below:	
<input type="checkbox"/> Acne vulgaris (i.e., acne)	ICD-10 Code(s): _____
<input type="checkbox"/> Other diagnosis: _____	

Select the medications the patient has a failure, contraindication, or intolerance to:
<input type="checkbox"/> Adapalene 0.1% gel
<input type="checkbox"/> Adapalene 0.3% gel
<input type="checkbox"/> Adapalene and benzoyl peroxide
<input type="checkbox"/> Adapalene cream
<input type="checkbox"/> Adapalene solution
<input type="checkbox"/> Benzamycin
<input type="checkbox"/> Clindamycin-benzoyl peroxide 1-5%
<input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-5%
<input type="checkbox"/> Differin lotion
<input type="checkbox"/> Epiduo Forte
<input type="checkbox"/> Erythromycin-benzoyl peroxide
<input type="checkbox"/> Neucac
<input type="checkbox"/> Onexton
<input type="checkbox"/> Plixda
<input type="checkbox"/> Tazarotene
<input type="checkbox"/> Tazorac
<input type="checkbox"/> Tretinoin

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.

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 Office use only: Differin-Adapalene_CMS_2019Feb-W