



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Dupixent® 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:

Moderate to severe chronic atopic dermatitis

Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Is Dupixent prescribed by or in consultation with a dermatologist or allergist/immunologist? Yes No

Does the patient have **trial and failure, contraindication, or intolerance** to one medium to high potency topical corticosteroid? Yes No

Does the patient have **trial and failure or intolerance** to Elidel (pimecrolimus) topical cream, unless the patient is not a candidate for Elidel therapy (e.g., immunocompromised, severe atopic dermatitis)? Yes No

Does the patient have **trial and failure or intolerance** to tacrolimus topical ointment, unless the patient is not a candidate for tacrolimus ointment therapy (e.g., immunocompromised)? Yes No

Select if the patient has history of failure, contraindication, or intolerance to the following:

- | | |
|--|--|
| <input type="checkbox"/> Advair Diskus, fluticasone propionate/salmeterol | <input type="checkbox"/> Advair HFA, fluticasone propionate/salmeterol |
| <input type="checkbox"/> Augmented betamethasone dipropionate, betamethasone dipropionate, or betamethasone valerate (cream, gel, lotion, or ointment) | |
| <input type="checkbox"/> Breo Ellipta | |
| <input type="checkbox"/> Clobetasol propionate, clobetasol propionate E (solution, gel, ointment, or cream) | |
| <input type="checkbox"/> Desoximetasone cream | <input type="checkbox"/> Fluticasone propionate ointment |
| <input type="checkbox"/> Desoximetasone gel or ointment | <input type="checkbox"/> Halobetasol propionate (cream or ointment) |
| <input type="checkbox"/> Dulera | <input type="checkbox"/> Mometasone furoate ointment |
| <input type="checkbox"/> Dupixent 300mg/2mL | <input type="checkbox"/> Symbicort |
| <input type="checkbox"/> Elidel cream | <input type="checkbox"/> Tacrolimus ointment |
| <input type="checkbox"/> Fluocinonide (gel, ointment, solution, cream, or emulsified base) | <input type="checkbox"/> Triamcinolone acetonide (cream or ointment) |

Reauthorization:

If this is a reauthorization request, answer the following question:

Is there documentation the patient has had a positive clinical response to Dupixent therapy (e.g., reduction in body surface area involvement, reduction in pruritus severity)? 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.

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.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Dupixent_CMS_2019Feb-W