



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

Elidel® (pimecrolimus) & Protopic® (tacrolimus) Prior Authorization Request Form (Page 1 of 2)

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

Member Information <small>(required)</small>			Provider Information <small>(required)</small>																																																																																									
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 <small>(required)</small>																																																																																												
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 <small>(required)</small>																																																																																												
Select the diagnosis below: <input type="checkbox"/> Mild to moderate atopic dermatitis [Elidel (pimecrolimus) only] <input type="checkbox"/> Moderate to severe atopic dermatitis [Protopic (tacrolimus) only] <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____																																																																																												
Select the medications the patient has a failure, contraindication, or intolerance to:																																																																																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Ala Scalp</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Desonide ointment</td> <td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Hydrocortisone butyrate solution</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Ala-Cort</td> <td style="vertical-align: top;"><input type="checkbox"/> Desowen</td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone valerate cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Alclometasone dipropionate</td> <td style="vertical-align: top;"><input type="checkbox"/> Desoximetasone cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Impoyz</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Amcinonide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Desoximetasone liquid</td> <td style="vertical-align: top;"><input type="checkbox"/> Lexette</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Amcinonide ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Diflorasone</td> <td style="vertical-align: top;"><input type="checkbox"/> Locoid Lipocream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Apexicon E</td> <td style="vertical-align: top;"><input type="checkbox"/> Diprolene</td> <td style="vertical-align: top;"><input type="checkbox"/> Locoid solution</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Augmented betamethasone dipropionate 0.05%</td> <td style="vertical-align: top;"><input type="checkbox"/> Diprolene AF</td> <td style="vertical-align: top;"><input type="checkbox"/> Mometasone furoate ointment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Augmented betamethasone dipropionate cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Elidel</td> <td style="vertical-align: top;"><input type="checkbox"/> Nolix cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Beser</td> <td style="vertical-align: top;"><input type="checkbox"/> Elocon</td> <td style="vertical-align: top;"><input type="checkbox"/> Nolix lotion</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Betamethasone dipropionate</td> <td style="vertical-align: top;"><input type="checkbox"/> Eucrisa</td> <td style="vertical-align: top;"><input type="checkbox"/> Pandel</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Betamethasone valerate foam</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinolone acetonide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Pimecrolimus</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Betamethasone valerate ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinolone acetonide scalp</td> <td style="vertical-align: top;"><input type="checkbox"/> Prednicarbate cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Bryhali</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinolone acetonide solution</td> <td style="vertical-align: top;"><input type="checkbox"/> Prednicarbate ointment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clobetasol propionate cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinonide 0.05%</td> <td style="vertical-align: top;"><input type="checkbox"/> Psorcon</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clobetasol propionate emollient cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinonide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Synalar cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clobetasol propionate liquid</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluocinonide solution</td> <td style="vertical-align: top;"><input type="checkbox"/> Synalar ointment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clobetasol propionate solution</td> <td style="vertical-align: top;"><input type="checkbox"/> Flurandrenolide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Tacrolimus ointment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clobex liquid</td> <td style="vertical-align: top;"><input type="checkbox"/> Flurandrenolide lotion</td> <td style="vertical-align: top;"><input type="checkbox"/> Temovate</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Clocortolone pivalate</td> <td style="vertical-align: top;"><input type="checkbox"/> Flurandrenolide ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Texacort</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Cloderm</td> <td style="vertical-align: top;"><input type="checkbox"/> Fluticasone propionate ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Topicort cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Cordran cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Halcinonide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Tovet</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Cordran ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Halobetasol propionate cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Triamcinolone acetonide cream</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Cordran tape</td> <td style="vertical-align: top;"><input type="checkbox"/> Halobetasol propionate ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Triamcinolone acetonide ointment</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Cutivate</td> <td style="vertical-align: top;"><input type="checkbox"/> Halog ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Trianex</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Derma-Smoother/FS scalp</td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Triderm</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Desonate gel</td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone 2.5% cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Tridesilon</td> </tr> <tr> <td style="vertical-align: top;"><input type="checkbox"/> Desonide cream</td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone 2.5% ointment</td> <td style="vertical-align: top;"><input type="checkbox"/> Ultravate lotion</td> </tr> <tr> <td></td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone butyrate lotion</td> <td style="vertical-align: top;"><input type="checkbox"/> Verdeso</td> </tr> <tr> <td></td> <td style="vertical-align: top;"><input type="checkbox"/> Hydrocortisone butyrate ointment</td> <td></td> </tr> </table>						<input type="checkbox"/> Ala Scalp	<input type="checkbox"/> Desonide ointment	<input type="checkbox"/> Hydrocortisone butyrate solution	<input type="checkbox"/> Ala-Cort	<input type="checkbox"/> Desowen	<input type="checkbox"/> Hydrocortisone valerate cream	<input type="checkbox"/> Alclometasone dipropionate	<input type="checkbox"/> Desoximetasone cream	<input type="checkbox"/> Impoyz	<input type="checkbox"/> Amcinonide cream	<input type="checkbox"/> Desoximetasone liquid	<input type="checkbox"/> Lexette	<input type="checkbox"/> Amcinonide ointment	<input type="checkbox"/> Diflorasone	<input type="checkbox"/> Locoid Lipocream	<input type="checkbox"/> Apexicon E	<input type="checkbox"/> Diprolene	<input type="checkbox"/> Locoid solution	<input type="checkbox"/> Augmented betamethasone dipropionate 0.05%	<input type="checkbox"/> Diprolene AF	<input type="checkbox"/> Mometasone furoate ointment	<input type="checkbox"/> Augmented betamethasone dipropionate cream	<input type="checkbox"/> Elidel	<input type="checkbox"/> Nolix cream	<input type="checkbox"/> Beser	<input type="checkbox"/> Elocon	<input type="checkbox"/> Nolix lotion	<input type="checkbox"/> Betamethasone dipropionate	<input type="checkbox"/> Eucrisa	<input type="checkbox"/> Pandel	<input type="checkbox"/> Betamethasone valerate foam	<input type="checkbox"/> Fluocinolone acetonide cream	<input type="checkbox"/> Pimecrolimus	<input type="checkbox"/> Betamethasone valerate ointment	<input type="checkbox"/> Fluocinolone acetonide scalp	<input type="checkbox"/> Prednicarbate cream	<input type="checkbox"/> Bryhali	<input type="checkbox"/> Fluocinolone acetonide solution	<input type="checkbox"/> Prednicarbate ointment	<input type="checkbox"/> Clobetasol propionate cream	<input type="checkbox"/> Fluocinonide 0.05%	<input type="checkbox"/> Psorcon	<input type="checkbox"/> Clobetasol propionate emollient cream	<input type="checkbox"/> Fluocinonide cream	<input type="checkbox"/> Synalar cream	<input type="checkbox"/> Clobetasol propionate liquid	<input type="checkbox"/> Fluocinonide solution	<input type="checkbox"/> Synalar ointment	<input type="checkbox"/> Clobetasol propionate solution	<input type="checkbox"/> Flurandrenolide cream	<input type="checkbox"/> Tacrolimus ointment	<input type="checkbox"/> Clobex liquid	<input type="checkbox"/> Flurandrenolide lotion	<input type="checkbox"/> Temovate	<input type="checkbox"/> Clocortolone pivalate	<input type="checkbox"/> Flurandrenolide ointment	<input type="checkbox"/> Texacort	<input type="checkbox"/> Cloderm	<input type="checkbox"/> Fluticasone propionate ointment	<input type="checkbox"/> Topicort cream	<input type="checkbox"/> Cordran cream	<input type="checkbox"/> Halcinonide cream	<input type="checkbox"/> Tovet	<input type="checkbox"/> Cordran ointment	<input type="checkbox"/> Halobetasol propionate cream	<input type="checkbox"/> Triamcinolone acetonide cream	<input type="checkbox"/> Cordran tape	<input type="checkbox"/> Halobetasol propionate ointment	<input type="checkbox"/> Triamcinolone acetonide ointment	<input type="checkbox"/> Cutivate	<input type="checkbox"/> Halog ointment	<input type="checkbox"/> Trianex	<input type="checkbox"/> Derma-Smoother/FS scalp	<input type="checkbox"/> Hydrocortisone cream	<input type="checkbox"/> Triderm	<input type="checkbox"/> Desonate gel	<input type="checkbox"/> Hydrocortisone 2.5% cream	<input type="checkbox"/> Tridesilon	<input type="checkbox"/> Desonide cream	<input type="checkbox"/> Hydrocortisone 2.5% ointment	<input type="checkbox"/> Ultravate lotion		<input type="checkbox"/> Hydrocortisone butyrate lotion	<input type="checkbox"/> Verdeso		<input type="checkbox"/> Hydrocortisone butyrate ointment	
<input type="checkbox"/> Ala Scalp	<input type="checkbox"/> Desonide ointment	<input type="checkbox"/> Hydrocortisone butyrate solution																																																																																										
<input type="checkbox"/> Ala-Cort	<input type="checkbox"/> Desowen	<input type="checkbox"/> Hydrocortisone valerate cream																																																																																										
<input type="checkbox"/> Alclometasone dipropionate	<input type="checkbox"/> Desoximetasone cream	<input type="checkbox"/> Impoyz																																																																																										
<input type="checkbox"/> Amcinonide cream	<input type="checkbox"/> Desoximetasone liquid	<input type="checkbox"/> Lexette																																																																																										
<input type="checkbox"/> Amcinonide ointment	<input type="checkbox"/> Diflorasone	<input type="checkbox"/> Locoid Lipocream																																																																																										
<input type="checkbox"/> Apexicon E	<input type="checkbox"/> Diprolene	<input type="checkbox"/> Locoid solution																																																																																										
<input type="checkbox"/> Augmented betamethasone dipropionate 0.05%	<input type="checkbox"/> Diprolene AF	<input type="checkbox"/> Mometasone furoate ointment																																																																																										
<input type="checkbox"/> Augmented betamethasone dipropionate cream	<input type="checkbox"/> Elidel	<input type="checkbox"/> Nolix cream																																																																																										
<input type="checkbox"/> Beser	<input type="checkbox"/> Elocon	<input type="checkbox"/> Nolix lotion																																																																																										
<input type="checkbox"/> Betamethasone dipropionate	<input type="checkbox"/> Eucrisa	<input type="checkbox"/> Pandel																																																																																										
<input type="checkbox"/> Betamethasone valerate foam	<input type="checkbox"/> Fluocinolone acetonide cream	<input type="checkbox"/> Pimecrolimus																																																																																										
<input type="checkbox"/> Betamethasone valerate ointment	<input type="checkbox"/> Fluocinolone acetonide scalp	<input type="checkbox"/> Prednicarbate cream																																																																																										
<input type="checkbox"/> Bryhali	<input type="checkbox"/> Fluocinolone acetonide solution	<input type="checkbox"/> Prednicarbate ointment																																																																																										
<input type="checkbox"/> Clobetasol propionate cream	<input type="checkbox"/> Fluocinonide 0.05%	<input type="checkbox"/> Psorcon																																																																																										
<input type="checkbox"/> Clobetasol propionate emollient cream	<input type="checkbox"/> Fluocinonide cream	<input type="checkbox"/> Synalar cream																																																																																										
<input type="checkbox"/> Clobetasol propionate liquid	<input type="checkbox"/> Fluocinonide solution	<input type="checkbox"/> Synalar ointment																																																																																										
<input type="checkbox"/> Clobetasol propionate solution	<input type="checkbox"/> Flurandrenolide cream	<input type="checkbox"/> Tacrolimus ointment																																																																																										
<input type="checkbox"/> Clobex liquid	<input type="checkbox"/> Flurandrenolide lotion	<input type="checkbox"/> Temovate																																																																																										
<input type="checkbox"/> Clocortolone pivalate	<input type="checkbox"/> Flurandrenolide ointment	<input type="checkbox"/> Texacort																																																																																										
<input type="checkbox"/> Cloderm	<input type="checkbox"/> Fluticasone propionate ointment	<input type="checkbox"/> Topicort cream																																																																																										
<input type="checkbox"/> Cordran cream	<input type="checkbox"/> Halcinonide cream	<input type="checkbox"/> Tovet																																																																																										
<input type="checkbox"/> Cordran ointment	<input type="checkbox"/> Halobetasol propionate cream	<input type="checkbox"/> Triamcinolone acetonide cream																																																																																										
<input type="checkbox"/> Cordran tape	<input type="checkbox"/> Halobetasol propionate ointment	<input type="checkbox"/> Triamcinolone acetonide ointment																																																																																										
<input type="checkbox"/> Cutivate	<input type="checkbox"/> Halog ointment	<input type="checkbox"/> Trianex																																																																																										
<input type="checkbox"/> Derma-Smoother/FS scalp	<input type="checkbox"/> Hydrocortisone cream	<input type="checkbox"/> Triderm																																																																																										
<input type="checkbox"/> Desonate gel	<input type="checkbox"/> Hydrocortisone 2.5% cream	<input type="checkbox"/> Tridesilon																																																																																										
<input type="checkbox"/> Desonide cream	<input type="checkbox"/> Hydrocortisone 2.5% ointment	<input type="checkbox"/> Ultravate lotion																																																																																										
	<input type="checkbox"/> Hydrocortisone butyrate lotion	<input type="checkbox"/> Verdeso																																																																																										
	<input type="checkbox"/> Hydrocortisone butyrate ointment																																																																																											
<input type="checkbox"/> Other generic topical corticosteroid(s). Please specify: _____																																																																																												

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: Elidel-pimecrolimus-Protopic-tacrolimus_CMS_2020Apr-W



**Elidel® (pimecrolimus) & Protopic® (tacrolimus)
Prior Authorization Request Form (Page 2 of 2)**

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

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 1-844-403-1028.