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

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)

Select the diagnosis below:

❑ Atopic dermatitis
❑ Other diagnosis: _____ ICD-10 Code(s): _____

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

❑ Ala-Cort 1%
❑ Ala-Cort 2.5%
❑ Ala Scalp
❑ Alclometasone dipropionate
❑ Amcinonide
❑ Apexicon E
❑ Augmented betamethasone dipropionate 0.05%
❑ Betamethasone dipropionate
❑ Betamethasone valerate
❑ Clobetasol propionate
❑ Clobetasol propionate emollient
❑ Clobex
❑ Cordran tape
❑ Cutivate
❑ Desonate
❑ Desonide cream
❑ Desonide lotion
❑ Desonide ointment
❑ Desowen
❑ Desoximetasone
❑ Diflorasone
❑ Diprolene
❑ Diprolene AF
❑ Elidel
❑ Elocon
❑ Fluocinolone acetonide
❑ Fluocinolone acetonide body
❑ Fluocinolone acetonide scalp
❑ Fluocinonide 0.05%
❑ Fluocinonide 0.1%
❑ Fluocinonide emulsified base
❑ Flurandrenolide
❑ Fluticasone propionate
❑ Halobetasol
❑ Halog
❑ Hydrocortisone 1% cream
❑ Hydrocortisone 1% ointment
❑ Hydrocortisone 2.5% cream
❑ Hydrocortisone 2.5% ointment
❑ Hydrocortisone butyrate
❑ Hydrocortisone lotion
❑ Hydrocortisone valerate
❑ Impoyz
❑ Locoid
❑ Locoid Lipocream
❑ Mometasone furoate
❑ Nolix
❑ Pandel
❑ Prednicarbate
❑ Psorcon
❑ Tacrolimus ointment
❑ Temovate
❑ Texacort
❑ Topicort
❑ Triamcinolone acetonide
❑ Trianex
❑ Triderm
❑ Tridesilon
❑ Ultravate
❑ Other generic topical corticosteroid(s). Please specify:_____

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.