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

Retin-A® (tretinoin), Retin-A Micro® (tretinoin microsphere gel), Retin-A Micro Pump® (tretinoin microsphere pump) 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:

❑ Acne vulgaris (i.e., acne)
❑ Other diagnosis: _____ ICD-10 Code(s): _____

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

❑ Acanya
❑ Adapalene and benzoyl peroxide
❑ Adapalene cream
❑ Adapalene gel
❑ Adapalene solution
❑ Aktipak
❑ Benzamycin
❑ Clindamycin-benzoyl peroxide 1-5%
❑ Clindamycin-benzoyl peroxide 1.2-5%
❑ Differin
❑ Epiduo
❑ Epiduo Forte
❑ Erythromycin-benzoyl peroxide
❑ Fabior
❑ Neuac
❑ Onexton
❑ Plixda
❑ Retin-A Micro 0.06% gel
❑ Retin-A Micro Pump 0.08% gel
❑ Tazarotene
❑ Tazorac
❑ Tretinoin cream
❑ Tretinoin gel

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.

Office use only: Retin-AProducts_CMS_2019Feb-W