



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 <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"/> Acne vulgaris (i.e., acne) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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: 50%; padding: 2px;"><input type="checkbox"/> Adapalene and benzoyl peroxide</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Erythromycin-benzoyl peroxide</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Adapalene cream</td> <td style="padding: 2px;"><input type="checkbox"/> Fabior</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Adapalene gel</td> <td style="padding: 2px;"><input type="checkbox"/> Neuac</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Adapalene solution</td> <td style="padding: 2px;"><input type="checkbox"/> Onexton</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Aklief</td> <td style="padding: 2px;"><input type="checkbox"/> Retin-A Micro</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Altreno</td> <td style="padding: 2px;"><input type="checkbox"/> Retin-A Micro Pump</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Avita cream</td> <td style="padding: 2px;"><input type="checkbox"/> Tazarotene</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Avita gel</td> <td style="padding: 2px;"><input type="checkbox"/> Tazorac cream</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Benzamycin</td> <td style="padding: 2px;"><input type="checkbox"/> Tazorac gel</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-2.5%</td> <td style="padding: 2px;"><input type="checkbox"/> Tretinoin 0.01% gel</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-5%</td> <td style="padding: 2px;"><input type="checkbox"/> Tretinoin 0.025% gel</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Clindamycin-benzoyl peroxide 1-5%</td> <td style="padding: 2px;"><input type="checkbox"/> Tretinoin 0.05% gel</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Clindamycin-tretinoin</td> <td style="padding: 2px;"><input type="checkbox"/> Tretinoin cream</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Differin lotion</td> <td style="padding: 2px;"><input type="checkbox"/> Tretinoin Microsphere</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Epiduo Forte</td> <td style="padding: 2px;"><input type="checkbox"/> Veltin</td> </tr> </table> | | | | | | <input type="checkbox"/> Adapalene and benzoyl peroxide | <input type="checkbox"/> Erythromycin-benzoyl peroxide | <input type="checkbox"/> Adapalene cream | <input type="checkbox"/> Fabior | <input type="checkbox"/> Adapalene gel | <input type="checkbox"/> Neuac | <input type="checkbox"/> Adapalene solution | <input type="checkbox"/> Onexton | <input type="checkbox"/> Aklief | <input type="checkbox"/> Retin-A Micro | <input type="checkbox"/> Altreno | <input type="checkbox"/> Retin-A Micro Pump | <input type="checkbox"/> Avita cream | <input type="checkbox"/> Tazarotene | <input type="checkbox"/> Avita gel | <input type="checkbox"/> Tazorac cream | <input type="checkbox"/> Benzamycin | <input type="checkbox"/> Tazorac gel | <input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-2.5% | <input type="checkbox"/> Tretinoin 0.01% gel | <input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-5% | <input type="checkbox"/> Tretinoin 0.025% gel | <input type="checkbox"/> Clindamycin-benzoyl peroxide 1-5% | <input type="checkbox"/> Tretinoin 0.05% gel | <input type="checkbox"/> Clindamycin-tretinoin | <input type="checkbox"/> Tretinoin cream | <input type="checkbox"/> Differin lotion | <input type="checkbox"/> Tretinoin Microsphere | <input type="checkbox"/> Epiduo Forte | <input type="checkbox"/> Veltin |
| <input type="checkbox"/> Adapalene and benzoyl peroxide | <input type="checkbox"/> Erythromycin-benzoyl peroxide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adapalene cream | <input type="checkbox"/> Fabior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adapalene gel | <input type="checkbox"/> Neuac | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adapalene solution | <input type="checkbox"/> Onexton | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aklief | <input type="checkbox"/> Retin-A Micro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Altreno | <input type="checkbox"/> Retin-A Micro Pump | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Avita cream | <input type="checkbox"/> Tazarotene | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Avita gel | <input type="checkbox"/> Tazorac cream | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Benzamycin | <input type="checkbox"/> Tazorac gel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-2.5% | <input type="checkbox"/> Tretinoin 0.01% gel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Clindamycin-benzoyl peroxide 1.2-5% | <input type="checkbox"/> Tretinoin 0.025% gel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Differin lotion | <input type="checkbox"/> Tretinoin Microsphere | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Epiduo Forte | <input type="checkbox"/> Veltin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cosmetic purpose: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the requested medication being used solely for cosmetic purposes (i.e., chloasma, fine wrinkles on face, hyperpigmentation of skin, facial mottling, roughness of skin, facial tactile roughness, ultraviolet-induced change in normal skin)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 1-844-403-1028.

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