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Tazorac® (tazarotene) Prior Authorization Request Form (Page 1 of 2) DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

Me	ember Inform	ation (required)		Provider In	formation (r	equired)	
Member Name:		ation (required)	Provider N	Provider Name:			
Insurance ID#:			NPI#:	#: Specialty:			
Date of Birth:			Office Pho	Office Phone:			
Street Address:			Office Fax:	Office Fax:			
City:	State:	ZIP:	Office Stre	Office Street Address:			
Phone:			City:	State:	State: ZIP		
		Medicat	ion Informatio	MD (no environd)			
Medication Information (required) Medication Name: Strength: Dosage Form					:		
				Directions for Use:			
		Clinica	al Information	(required)			
1. Does the patient have a diagnosis of acne vulgaris?						☐ Yes ☐ No	
2. Has the patient tried and failed a generic topical tretinoin product?						☐ Yes ☐ No	
3. Does the prescriber deem that a generic topical tretinoin product would be inappropriate for the patient?						☐ Yes ☐ No	
4. Is the patient a female and has child-bearing capabilities (e.g., no hysterectomy, has achieved menses and has not reached menopause)?						☐ Yes ☐ No	
5. Has the prescriber discussed with the patient the potential risks of fetal harm and the need to avoid pregnancy or use birth control while using tazarotene products?						☐ Yes ☐ No	
6. Does the patient have a diagnosis of plaque psoriasis?						☐ Yes ☐ No	
7. Is the affected area(s) less than 20 percent of the patient's total body surface area?						☐ Yes ☐ No	
8. Has the patient tried at least two topical corticosteroids (e.g., triamcinolone, mometasone, fluocinonide, clobetasol)?						□ Yes □ No	
9. Does the patient have a contraindication to topical corticosteroids?						☐ Yes ☐ No	
10. Is the patient a female and has child-bearing capabilities (e.g., no hysterectomy, has achieved menses and has not reached menopause)?						☐ Yes ☐ No	
11. Has the prescriber discussed with the patient the potential risks of fetal harm and the need to avoid pregnancy or use birth control while using tazarotene products?					☐ Yes ☐ No		
12. Does the patient have a diagnosis of cancer?					☐ Yes ☐ No		
If yes, plea	ase indicate the can	cer diagnosis:					
Information on t	his form is accurate	as of this date.					
Prescriber's	Signature:				Date:		
					1		

This document – and others if attached – contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. 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: Tazorac-Tazarotene_2019Dec

Tazorac® (tazarotene) Prior Authorization Request Form (Page 2 of 2)

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. For more information about the prior authorization process, please contact us at 855-811-2218. Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern					