UnitedHealthcare Community Plan

Enstilar - Virginia
PRIOR AUTHORIZATION REQUEST FORM

Please complete this entire form and fax it to: **866-940-7328.** If you have questions, please call **800-310-6826.**
This form may contain multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Section A – Member Information

First Name:	Last Name:	Member ID:
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication □ New or □ Continuation of Therapy? If continuation, list start date: ________________
Is this patient currently hospitalized? □ Yes □ No If recently discharged, list discharge date: ________________

Section B - Physician Information

First Name:		Last Name: M.D./D.O.		
Address:		City:	State:	ZIP code:
Phone:	Fax:	NPI #:	Specialty:	

Section C - Medical Information

Medication:	**Strength:**
Directions for use:	**Quantity:**
Diagnosis (Please be specific & provide as much information as possible)**:**	**ICD-10 CODE:**

Is this member pregnant? □ Yes □ No If yes, what is this member's due date? ______________

Section D – Previous Medication Trials

Medications	Strength	Directions	Dates of Therapy	Reason for failure / discontinuation

Section E – Clinical and Drug Specific Information

Please refer to www.uhccommunityplan.com for a list of preferred alternatives

- **Does the patient have a diagnosis of plaque psoriasis? □ Yes □ No**
- **Has the patient previously tried 2 preferred drugs within the same class? □ Yes □ No**
  If yes, complete section D above. (Medication information and dates of therapy are required)
- **If the request is for a non-preferred product, is there a reason the patient cannot be changed to a preferred drug within the same class? □ Yes □ No**
  If yes, list reason: ____
  ____

Section F – Additional information and Explanation of why preferred medications would not meet the patient's needs

Physician Signature: ________________________________ **Date:** ______________

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Website: uhccommunityplan.com