



## Acitretin

**Express Scripts**  
**Prior Authorization**  
**Phone 1-844-424-8886**  
**Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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### SECTION A

Please answer the following questions

1. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of severe psoriasis in adults?
2. ☐ Yes ☐ No Is the prescription written or recommended by a Dermatologist?
3. ☐ Yes ☐ No Has the member tried and failed at least one topical steroid for the current condition prior to the initiation of the requested medication (For example: clobetasol propionate, fluocinonide, etc.) or if any of these medication have caused or are likely to cause an allergy/adverse reaction or other harm to the member.?
4. ☐ Yes ☐ No Does the member have severely impaired liver or kidney function?
5. ☐ Yes ☐ No Does the member have chronic abnormally elevated blood lipid values?
6. What are the patient's Lipid Panel and Liver function tests: ALT, AST, LDH?  
(Document the patient's Lipid Panel and Liver function tests: ALT, AST, LDH):

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7.    ☐ Yes    ☐ No    Will Acitretin be used in combination with methotrexate?
8.    ☐ Yes    ☐ No    Will Acitretin be used in combination with tetracyclines?
9.    ☐ Yes    ☐ No    Is the member being prescribed in a female of reproductive potential?
10.   ☐ Yes    ☐ No    Is the member a female who is pregnant, or who intends to become pregnant during therapy or at any time for at least 3 years following discontinuation of therapy?
11.   ☐ Yes    ☐ No    Is Acitretin being prescribed in a female who may not use reliable contraception while undergoing treatment with Acitretin and for at least 3 years following discontinuation of the treatment?
12.   ☐ Yes    ☐ No    Has a female of reproductive potential had 2 negative urine or serum pregnancy tests with a sensitivity of at least 25 mIU/mL before receiving the initial prescription of Acitretin?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**

Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>