



Prior Authorization Request Form (Page 1 of 2)

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Member Information (required) and Provider Information (required) fields including Member Name, Insurance ID#, Date of Birth, Street Address, City, State, Zip, Phone, Provider Name, NPI#, Specialty, Office Phone, Office Fax, Office Street Address, City, State, Zip.

Medication Information (required) fields including Medication Name, Strength, Dosage Form, and checkboxes for brand request and continuation of therapy.

Clinical Information (required)

Clinical Information questions: What is the patient's diagnosis for the medication being requested? (ICD-10 Code(s)), What medication(s) has the patient tried and had an inadequate response to?, What medication(s) does the patient have a contraindication or intolerance to?, Are there any supporting labs or test results?, Use of High Risk Medications (HRMs) in the elderly (applies on patients ≥ 65 years ONLY), Quantity limit requests: What is the quantity requested per DAY? and What is the reason for exceeding the plan limitations?



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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 1-866-508-7140.
For urgent or expedited requests please call 1-866-508-7140.
This form may be used for non-urgent requests and faxed to 1-844-403-1028.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of Optum Rx. 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.**
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