OPTUMRx™

Medication Prior Authorization Request

Please note that your request will not be processed without complete information, including provider specialty, and address.

Section 1: Member Inforamtion

Member's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Member ID #: _____

Section 2: Provider's Information

Provider's Name _____ NPI #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Specialty: _____

Section 3: Medication Information

Medication Name: _____ Medication Strength: _____

Directions for Use: _____ Date Started: _____

Diagnosis: _____

Name of Specific Medications Tried and Failed: _____

Reason for Non-Formulary Request. (Patient chart notes will be requested if further documentation is necessary):

Additional Notes:

Physician Signature: _____ Date: _____

Prescriber - return COMPLETED and SIGNED form to:

OptumRx
Prior Authorization Dept. CA106-0286
3515 Harbor Blvd
Costa Mesa, CA 92626

Phone: 1-800-711-4555
Fax: 1-800-527-0531

Please contact us by telephone for urgent/ expedited requests

You may also request a prior authorization on our website at www.optumrx.com

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