Please note: All information below is required to process this request
For urgent requests please call 1-800-711-4555
Mon-Fri: 5am to10pm Pacific / Sat: 6am to 3pm Pacific
For real time submission 24/7 visit www.OptumRx.com and click Health Care Professionals
OptumRx • M/S CA 106-0286 • 3515 Harbor Blvd. • Costa Mesa, CA 92626

Prior Authorization Request Form

Member Information (required)	Provider Information (required)		
Member Name:	Provider Name:		
Insurance ID#:	NPI#:	Specialty:	
Date of Birth:	Office Phone:		
Street Address:	Office Fax:		
City: State: Zip:	Office Street Address:		
Phone:	City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
Is This Medication a New Start? ❏Yes ❏No	Directions for Use:	

Clinical Information (required)

What is the patient's diagnosis?

ICD-9/10 Code(s): _____

What medication(s) has the patient tried and failed?

Are there any supporting labs or test results? (Please specify)

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 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.