OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service

Formulary Exception Request (Page 1 of 2) DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

Memb	er Informatio	n (required)	Provi	der Info	ormation (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:	1	- 1	City:	State:	ZIP:		
		Medication Inf	ormation (require	ed)			
Medication Name:			Strength:		Dosage Form:		
			Directions for Use:				
		Clinical Info	rmation (required)				
What is the patien	t's diagnosis for th	e medication being					
-	t o diagnosis for ti	ic inicalculation being	icquesteu.				
ICD-10 Code(s):		ried and had an inad					
medication[s]/strengths tried, length of trial and reason for discontinuation of each medication.) What medication(s) does the patient have a contraindication or intolerance to? (Please specify <u>ALL</u> medication[s] with the associated contraindication or specific issues resulting in intolerance to each medication.)							
Are there any supporting labs or test results? (Please specify.)							
 Quantity limit requests: What is the quantity requested per DAY? What is the reason for exceeding the plan limitations? □ Titration or loading dose purposes □ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime) □ Requested strength/dose is not commercially available □ Patient requires a greater quantity for the treatment of a larger surface area [topical applications only] □ Other: 							
Information on this fo	orm is accurate as of	this date.					
Prescriber's Signa					Date:		

This document – and others if attached – contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. The information in this document is for the sole use of OptumRx. 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. Office use only: Formulary-Exception_2020Aug

Formulary Exception Request (Page 2 of 2)

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.

For more information about the prior authorization process, please contact us at 855-811-2218. Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern