Please note: All information below is required to process this request
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

Depo-Provera® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		
Is the physician supplying the medication? ❑ **Yes** ❑ **No**		

Clinical Information (required)

Document the patient's diagnosis: _____ ICD-10 Code: _____

Will this medication be used as adjunctive therapy and palliative treatment of inoperable, recurrent, and metastatic endometrial or renal carcinoma? ❑ **Yes** ❑ **No**

Will this medication be used to prevent pregnancy or as a form of birth control/contraception? ❑ **Yes** ❑ **No**

Will this medication be used to treat endometriosis-associated pain? ❑ **Yes** ❑ **No**

Reauthorization:
Has there been physician confirmation that the benefits outweigh the risk of bone loss and that the risks have been discussed with the patient? ❑ **Yes** ❑ **No**

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 1-800-853-3844.