



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.

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

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Empliciti[®] Prior Authorization Request Form

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

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
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 <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
Select the diagnosis below:					
<input type="checkbox"/> Multiple myeloma					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical Information:					
Select if the patient has received prior therapy with the following for multiple myeloma:					
<input type="checkbox"/> Dexamethasone					
<input type="checkbox"/> Pomalyst (pomalidomide)					
<input type="checkbox"/> A proteasome inhibitor					
<input type="checkbox"/> Revlimid (lenalidomide)					
<input type="checkbox"/> Thalomid (thalidomide)					
<input type="checkbox"/> Velcade [bortezomib]					
<input type="checkbox"/> Other: _____					
Select if Empliciti will be used in combination with the following:					
<input type="checkbox"/> Pomalyst (pomalidomide)					
<input type="checkbox"/> Revlimid (lenalidomide)					
<input type="checkbox"/> Dexamethasone					
Is Empliciti prescribed by or in consultation with a hematologist/oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization:					
Does the patient show evidence of progressive disease while on Empliciti therapy? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
 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.