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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

Hydroxyprogesterone caproate injection Prior Authorization Request Form (Page 1 of 2)

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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"/> Adenocarcinoma of uterine corpus					
<input type="checkbox"/> Amenorrhea					
<input type="checkbox"/> Production of secretory endometrium and desquamation					
<input type="checkbox"/> Reduce risk of preterm birth					
<input type="checkbox"/> Test for endogenous estrogen production					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical Information:					
Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For adenocarcinoma of uterine corpus, also answer the following:					
Does the patient have Stage III or IV disease? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is hydroxyprogesterone caproate prescribed by or in consultation with an oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reauthorization:					
Does the patient show evidence of disease progression while on hydroxyprogesterone caproate injection therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For amenorrhea, also answer the following:					
Does the patient have primary or secondary amenorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have abnormal uterine bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient have amenorrhea or abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology (e.g., submucous fibroids or uterine cancer)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For the reduction of risk of preterm birth, also answer the following:					
Has the patient had a previous singleton (single offspring) spontaneous preterm birth? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the patient currently have a singleton pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will therapy with hydroxyprogesterone caproate be started between 16 weeks, 0 days and 20 weeks, 6 days of gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will therapy with hydroxyprogesterone caproate be continued until week 37 (through 36 weeks, 6 days) of gestation or delivery, whichever occurs first? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is hydroxyprogesterone caproate prescribed by or in consultation with a gynecologist or obstetrician? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. 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: Hydroxyprogesteronecaproateinjection_Comm_2019Mar-W



Hydroxyprogesterone caproate injection Prior Authorization Request Form (Page 2 of 2)

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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.