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

Impotence Agents Prior Authorization Request Form

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

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:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:
❑ Benign prostatic hyperplasia (BPH)
❑ Drug-induced erectile dysfunction (ED)
❑ ED secondary to an underlying condition
❑ Other diagnosis: ______________________________ ICD-10 Code(s): _____________________________________

Drug-induced ED:
Select the medication(s) that is responsible for the patient's ED:
❑ Anticonvulsant (e.g., Carbamazepine, phenytoin)
❑ Antidepressant (e.g., Tricyclic antidepressants, selective serotonin reuptake inhibitors, trazodone, MAO inhibitors)
❑ Antipsychotic (e.g., Phenothiazines)
❑ Anxiolytic (e.g., Short-acting barbiturates, benzodiazepines)
❑ Cardiovascular drugs (e.g., Thiazide diuretics, spironolactone, methyldopa, clonidine, guanabenz, guanfacine, atenolol, metoprolol, pindolol, propranolol, doxazosin, prazosin, terazosin, phenoxybenzamine, hydralazine, nifedipine, diltiazem, verapamil, disopyramide)
❑ Gastrointestinal drug (e.g., Cimetidine, ranitidine, metoclopramide)
❑ Other medication: ______________________________

Please answer the following:
Does the physician confirm that the drug is causing the patient's ED? ❑ **Yes** ❑ **No**
Is it possible to switch or discontinue the ED-causing drug? ❑ **Yes** ❑ **No**

ED secondary to an underlying condition:
What is the underlying condition [e.g., atherosclerosis, cardiac disease (e.g., hypertension, peripheral arterial disease), diabetes, central nervous system disease, multiple sclerosis, renal disease, hypogonadism, history of cystectomy, prostate cancer, spinal injuries] that is responsible for the patient's ED? _____________________________________
Does the physician confirm that the underlying condition is causing the patient's ED? ❑ **Yes** ❑ **No**

Benign prostatic hyperplasia:
Does the patient have a history of failure, contraindication, or intolerance to two alpha blockers [e.g., Flomax (tamsulosin), Rapaflo (silodosin), Uroxatral (alfuzosin)]? ❑ **Yes** ❑ **No**

Quantity limit requests:
What is the quantity being requested per month: ____________________

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.

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