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

Multaq® 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**		

Clinical Information (required)

Continuation of therapy:
Is the requested medication for a continuation of current therapy? ❑ **Yes** ❑ **No**

Select the diagnosis below:
❑ Atrial fibrillation (AF)
❑ Other diagnosis: _____ ICD-10 Code(s): _____

For diagnosis of Atrial fibrillation, answer the following:
Does the patient have a history of paroxysmal atrial fibrillation (AF)? ❑ **Yes** ❑ **No**
Does the patient have a history of persistent atrial fibrillation (AF) defined as AF less than 6 months duration? ❑ **Yes** ❑ **No**

Clinical information:
Is the patient in sinus rhythm? ❑ **Yes** ❑ **No**
If "No" to the above, is the patient planned to undergo cardioversion to sinus rhythm? ❑ **Yes** ❑ **No**
Does the patient have New York Heart Association (NYHA) Class IV heart failure? ❑ **Yes** ❑ **No**
Does the patient have symptomatic heart failure with recent decompensation requiring hospitalization? ❑ **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.
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.