



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

Orenitram[®] 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:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Pulmonary arterial hypertension (PAH)	
<input type="checkbox"/> Other diagnosis: _____	ICD-10 Code(s): _____
Clinical Information:	
Does the patient have pulmonary arterial hypertension (PAH) that is symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the diagnosis of PAH confirmed by right heart catheterization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient currently on any therapy for the diagnosis of PAH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the requested medication prescribed by or in consultation with a pulmonologist or cardiologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reauthorization:	
Is there documentation the patient has had a positive clinical response to 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.