



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

Partial Copay Waiver (PCW) Exception 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)
<p>Diagnosis: What is the patient's diagnosis for the medication being requested? _____ ICD-10 Code(s): _____</p> <p>Answer the following (Formulary available at: OptumRx.com/CalPERS): Has the patient not tolerated a preferred alternative (e.g., adverse reaction, allergy or sensitivity)? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient failed an adequate trial (duration of at least 2 weeks) with a preferred alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient already stable on the non-preferred drug, and transitioning to a preferred alternative would pose a clinical risk to the member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 1-844-403-1029.