



Please note: All information below is required to process this request  
 Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific  
 For real time submission 24/7 visit [www.OptumRx.com](http://www.OptumRx.com) and click Health Care Professionals  
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## Boniva® 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		
Is the physician supplying the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Clinical Information (required)	
<b>For ESRD-related conditions or uses:</b>	
Is the prescriber (i.e. nephrologist, nurse practitioner, or physician assistant) receiving a monthly capitation payment to manage ESRD patients' care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the medication prescribed to be used for an ESRD-related condition (i.e. drug is used to prevent/treat bone disease secondary to dialysis)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is the diagnosis for which the medication is being prescribed?</b>	
<input type="checkbox"/> Treatment of post-menopausal osteoporosis	
<input type="checkbox"/> Prevention of post-menopausal osteoporosis	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

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.  
 If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
 For urgent or expedited requests please call 1-800-711-4555.  
 This form may be used for non-urgent requests and faxed to 1-800-853-3844.

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.**  
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