



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

Chorionic gonadotropin, Novarel® & Pregnyl® Prior Authorization Request Form

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

Member Information (required)	Provider Information (required)
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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:

Infertility

Male hypogonadotropic hypogonadism

Prepubertal cryptorchidism

Other diagnosis: _____ ICD-10 Code(s): _____

For male hypogonadotropic hypogonadism, answer the following:

Does the patient have male hypogonadotropic hypogonadism secondary to pituitary deficiency? Yes No

Select if the patient has the following:

Low testosterone (below the normal reference value provided by the physician's laboratory)

Low LH (below the normal reference value provided by the physician's laboratory)

Low LSH (below the normal reference value provided by the physician's laboratory)

Reauthorization:

Is there documentation the patient has had a positive clinical response to therapy? Yes No

For prepubertal cryptorchidism, answer the following:

Is the diagnosis of prepubertal cryptorchidism due to anatomical obstruction? 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.
 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 1-800-527-0531.