



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

Levemir® vial & Levemir FlexTouch® 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)	
Please note: A review of the vial will be conducted unless otherwise indicated.	
Select the diagnosis below:	
<input type="checkbox"/> Type 1 diabetes mellitus	
<input type="checkbox"/> Type 2 diabetes mellitus	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
MEDICATION HISTORY:	
For Levemir vial, answer the following:	
Has the patient had a history of failure, contraindication, or intolerance to lantus vial? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Levemir FlexTouch, select the medications the patient has a failure, contraindication, or intolerance to:	
<input type="checkbox"/> Basaglar KwikPen	
<input type="checkbox"/> Lantus Solostar	
<input type="checkbox"/> Toujeo Max Solostar	
<input type="checkbox"/> Toujeo Solostar	

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.