



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

OxyContin® 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>Select the diagnosis below:</p> <p><input type="checkbox"/> Severe pain in patients requiring a long-term, daily, around-the-clock opioid analgesic and for which other treatment options (e.g., non-opioid analgesics or immediate-release opioids) are inadequate</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p>
<p>Select the medications the patient has a failure, contraindication, or intolerance to:</p> <p><input type="checkbox"/> Embeda</p> <p><input type="checkbox"/> Hysingla ER</p> <p><input type="checkbox"/> Nucynta ER</p> <p><input type="checkbox"/> Oxycodone ER</p> <p><input type="checkbox"/> Xtampza ER</p>
<p>For Oxycontin 10mg, 20mg, 40mg, and 80mg tablet requests, also answer the following:</p> <p>Does the patient have a history of failure, contraindication, or intolerance to Oxycontin 15mg, 30mg, or 60mg tablets? <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.
 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.