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 (Page 1 of 2)

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

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ 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

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

The following are the formulary alternatives: Embeda, Hysingla ER, Xtampza ER (oxycodone extended-release abuse-deterrent)
****Please note: Xtampza ER is a formulary alternative that contains the same active ingredient, oxycodone, found in Oxycontin.**

Will the patient be switched to one of the formulary alternatives? ❑ **Yes** ❑ **No**

If **yes**, please specify which alternative the patient will be switched to and notify the pharmacy of the change: _____

If the patient CANNOT be switched to a formulary alternative, please answer ALL of the following questions:

1) What previous medication(s) has the patient tried or failed for the diagnosis provided:
_____

2) If the patient has failed, had adverse reactions, or contraindications to the above formulary alternative(s), provide clinical details as to what occurred:
_____
_____
_____

****Please note: Submit chart documentation/medical records to support the information you have provided above***

Quantity limit requests:

What is the quantity requested per DAY? _____

Does the patient's diagnosis include malignant (cancer) pain? ❑ **Yes** ❑ **No**

Was the medication prescribed by a pain specialist or by pain management consultation? ❑ **Yes** ❑ **No**

Select all of the following that have been maintained and documented in chart notes:

❑ A description of the nature and intensity of the pain
❑ An appropriate patient medical history and physical examination
❑ An updated, comprehensive treatment plan (the treatment plan should state objectives that will be used to determine treatment success, such as pain relief or improved physical and/or psychosocial function)
❑ Appropriate dose escalation
❑ Ongoing, periodic review of the course of opioid therapy
❑ Verification that the risks and benefits of the use of the requested drug have been discussed with the patient, significant other(s), and/or guardian

Chart documentation:

Will chart documentation be submitted to *OptumRx*® with this form, confirming the above information? ❑ **Yes** ❑ **No**

***Please note: Chart documentation of the above is required to be submitted for quantity limit requests for this drug.*

Prescriber attestation:

Does the prescriber attest that the information provided on this form is true and accurate? ❑ **Yes** ❑ **No**

Prescriber signature: _____ Date: _____

(Please note: if a non-formulary exception is approved, the requested drug will process at the **highest** brand tier copay for the plan year)

OxyContin® Prior Authorization Request Form (Page 2 of 2)

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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.