



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Prempro® Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>																																															
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 <small>(required)</small>																																																		
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 <small>(required)</small>																																																		
Select the diagnosis below: <input type="checkbox"/> Prophylaxis of postmenopausal osteoporosis <input type="checkbox"/> Vasomotor symptoms (moderate to severe) associated with menopause <input type="checkbox"/> Vulvar and vaginal atrophy (moderate to severe) associated with menopause <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____																																																		
<p>The approval criteria is based on the guidance provided by the Centers for Medicare & Medicaid Services (CMS), the Pharmacy Quality Alliance, the American Geriatric Society and the National Committee for Quality Assurance (NCQA). "Use of High Risk Medications in the Elderly" is measure 238 of the Centers for Medicare & Medicaid Services Physician Quality Reporting System.</p> <p>Risk acknowledgment: Does the provider acknowledge that this drug has been identified by the Centers for Medicare and Medicaid Services as a high risk medication in the 65 and older population? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the provider wish to proceed with the originally prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																		
<p>Coverage of the drug is approvable after demonstrated failure to the alternatives below or we receive information as to why they would be inappropriate.</p> <p>Postmenopausal osteoporosis, prophylaxis: Select the medications the patient has a failure, contraindication, or intolerance to:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Actonel</td> <td><input type="checkbox"/> Estradiol-norethindrone acetate</td> <td><input type="checkbox"/> Mimvey</td> </tr> <tr> <td><input type="checkbox"/> Alendronate</td> <td><input type="checkbox"/> Evista</td> <td><input type="checkbox"/> Mimvey Lo</td> </tr> <tr> <td><input type="checkbox"/> Amabelz</td> <td><input type="checkbox"/> Fosamax</td> <td><input type="checkbox"/> Norethindrone-ethinyl estradiol</td> </tr> <tr> <td><input type="checkbox"/> Atelvia</td> <td><input type="checkbox"/> Fosamax Plus D</td> <td><input type="checkbox"/> Raloxifene</td> </tr> <tr> <td><input type="checkbox"/> Binosto</td> <td><input type="checkbox"/> Fyavolv</td> <td><input type="checkbox"/> Risedronate</td> </tr> <tr> <td><input type="checkbox"/> Boniva</td> <td><input type="checkbox"/> Ibandronate</td> <td><input type="checkbox"/> Risedronate delayed-release (DR)</td> </tr> <tr> <td><input type="checkbox"/> Jinteli</td> <td></td> <td></td> </tr> </table> <p>Vulvar and vaginal atrophy (moderate to severe) associated with menopause: Select the medications the patient has a failure, contraindication, or intolerance to:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Amabelz</td> <td><input type="checkbox"/> Estring (estradiol vaginal ring)</td> <td><input type="checkbox"/> Norethindrone-ethinyl estradiol</td> </tr> <tr> <td><input type="checkbox"/> Estrace cream</td> <td><input type="checkbox"/> Fyavolv</td> <td><input type="checkbox"/> Premarin vaginal cream</td> </tr> <tr> <td><input type="checkbox"/> Estradiol-norethindrone acetate</td> <td><input type="checkbox"/> Jinteli</td> <td><input type="checkbox"/> Vagifem</td> </tr> <tr> <td><input type="checkbox"/> Estradiol vaginal cream (generic Estrace)</td> <td><input type="checkbox"/> Mimvey</td> <td><input type="checkbox"/> Yuvaferm</td> </tr> <tr> <td><input type="checkbox"/> Estradiol vaginal tablet (generic Vagifem)</td> <td><input type="checkbox"/> Mimvey Lo</td> <td></td> </tr> </table> <p>Vasomotor symptoms (moderate to severe) associated with menopause: Select the medications the patient has a failure, contraindication, or intolerance to:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Amabelz</td> <td><input type="checkbox"/> Jinteli</td> <td><input type="checkbox"/> Mimvey Lo</td> </tr> <tr> <td><input type="checkbox"/> Estradiol-norethindrone acetate</td> <td><input type="checkbox"/> Mimvey</td> <td><input type="checkbox"/> Norethindrone-ethinyl estradiol</td> </tr> <tr> <td><input type="checkbox"/> Fyavolv</td> <td></td> <td></td> </tr> </table>						<input type="checkbox"/> Actonel	<input type="checkbox"/> Estradiol-norethindrone acetate	<input type="checkbox"/> Mimvey	<input type="checkbox"/> Alendronate	<input type="checkbox"/> Evista	<input type="checkbox"/> Mimvey Lo	<input type="checkbox"/> Amabelz	<input type="checkbox"/> Fosamax	<input type="checkbox"/> Norethindrone-ethinyl estradiol	<input type="checkbox"/> Atelvia	<input type="checkbox"/> Fosamax Plus D	<input type="checkbox"/> Raloxifene	<input type="checkbox"/> Binosto	<input type="checkbox"/> Fyavolv	<input type="checkbox"/> Risedronate	<input type="checkbox"/> Boniva	<input type="checkbox"/> Ibandronate	<input type="checkbox"/> Risedronate delayed-release (DR)	<input type="checkbox"/> Jinteli			<input type="checkbox"/> Amabelz	<input type="checkbox"/> Estring (estradiol vaginal ring)	<input type="checkbox"/> Norethindrone-ethinyl estradiol	<input type="checkbox"/> Estrace cream	<input type="checkbox"/> Fyavolv	<input type="checkbox"/> Premarin vaginal cream	<input type="checkbox"/> Estradiol-norethindrone acetate	<input type="checkbox"/> Jinteli	<input type="checkbox"/> Vagifem	<input type="checkbox"/> Estradiol vaginal cream (generic Estrace)	<input type="checkbox"/> Mimvey	<input type="checkbox"/> Yuvaferm	<input type="checkbox"/> Estradiol vaginal tablet (generic Vagifem)	<input type="checkbox"/> Mimvey Lo		<input type="checkbox"/> Amabelz	<input type="checkbox"/> Jinteli	<input type="checkbox"/> Mimvey Lo	<input type="checkbox"/> Estradiol-norethindrone acetate	<input type="checkbox"/> Mimvey	<input type="checkbox"/> Norethindrone-ethinyl estradiol	<input type="checkbox"/> Fyavolv		
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Quantity limit requests:

What is the quantity requested per DAY? _____

What is the reason for exceeding the plan limitations?

- Titration or loading-dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** _____
- Other: _____

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.