



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

Visit [go.covermymeds.com/OptumRx](http://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

## Robinul® (glycopyrrolate) & Robinul® Forte (glycopyrrolate) Prior Authorization Request Form

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

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 <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information <small>(required)</small>
<p><b>Select the diagnosis below:</b></p> <p><input type="checkbox"/> Peptic ulcer disease (adjunct therapy)</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p>
<p><b>Select the medications the patient has a failure, contraindication, or intolerance to:</b></p> <p><input type="checkbox"/> Cimetidine</p> <p><input type="checkbox"/> Dexilant</p> <p><input type="checkbox"/> Esomeprazole magnesium</p> <p><input type="checkbox"/> Esomeprazole strontium</p> <p><input type="checkbox"/> Famotidine</p> <p><input type="checkbox"/> Lansoprazole capsule</p> <p><input type="checkbox"/> Lansoprazole orally disintegrating tablet (ODT)</p> <p><input type="checkbox"/> Nexium capsule</p> <p><input type="checkbox"/> Nexium pack</p> <p><input type="checkbox"/> Nizatidine</p> <p><input type="checkbox"/> Omeprazole</p> <p><input type="checkbox"/> Pantoprazole</p> <p><input type="checkbox"/> Prilosec</p> <p><input type="checkbox"/> Rabeprazole</p> <p><input type="checkbox"/> Ranitidine</p>
<p><b>For brand Robinul and Robinul Forte requests, also answer the following:</b></p> <p>Does the patient have a history of failure, contraindication, or intolerance to glycopyrrolate? <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?**

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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.