

Prescriber Information

Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>
DEA/NPI <input style="width: 100%; height: 20px;" type="text"/>	Specialty <input style="width: 100%; height: 20px;" type="text"/>
Phone <input style="width: 100%; height: 20px;" type="text"/>	Fax <input style="width: 100%; height: 20px;" type="text"/>

Member Information

Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>
Member ID Number <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 100%; height: 20px;" type="text"/>

Medication Information

Drug Name and Strength: _____	Quantity and Dosing: _____
Diagnosis: _____	Duration: _____

Formulary Override Exceptions Prior Authorization

You must answer ALL of the following questions. Use and attach a separate sheet if needed.

1. Does the patient have a contraindication or intolerance to ALL formulary regimen alternatives? <i>Please document reason:</i> _____	Y	N
2. Has the patient tried and had an inadequate response to ALL formulary regimen alternatives? <i>Please document drug/dose tried, length of trial, and reason for discontinuation:</i> _____	Y	N
3. Does the patient have any contraindications or significant safety concerns with using the prescribed drug?	Y	N
4. Is the medication prescribed for an FDA approved indication?	Y	N
5. Does the patient have a diagnosis which is considered safe and effective based on sound clinical evidence and medical and scientific evidence contained in peer-reviewed medical literature, accepted standards of medical practice, or in one of the following compendia? (Please Circle) <ul style="list-style-type: none"> • American Hospital Formulary Service (AHFS) Compendium • Thomson Reuters (Healthcare) Micromedex/DrugDex (not Drug Points) Compendium • Elsevier Gold Standard's Clinical Pharmacology Compendium • National Comprehensive Cancer Network Drugs and Biologics Compendium 	Y	N

Comments: _____

Information given on this form is accurate as of this date.

Prescriber or Authorized Signature

Date

Authorized Medical Staff – Name/Title

I understand that use or disclosure by OptumRx of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).