

OPTIMA MEDICARE

Pharmacy Prior Authorization Request Form*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Chorionic Gonadotropin (Pregnyl®, Chorex-10®, Profasi®, Novarel®)

- Drugs used in women for infertility are not covered under the prescription drug benefit.
- Chorionic gonadotropin is used in males to treat cryptorchidism.

(Please check box below to qualify)

Member is male and drug is not being used for infertility.

Patient Name _____

Member Number _____ Date _____

Physician Signature _____

Physician Name _____

Phone Number _____ Fax Number _____

Pharmacy Name _____

Pharmacy Tel # _____ (If available)