Please note: All information below is required to process this request.
Mon-Fri: 6am to 6pm Eastern / Sat: 6am to 6pm Eastern

Compound Drugs 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)			Provider Information (required)		
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 (required)

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

Clinical Information (required)

What is the patient's indication for the compound being requested? _____

ICD-10 Code(s): _____

Ingredients:

Drug	Strength	Drug	Strength

Dosage form of compound: _____

Please note: The compound must contain at least one FDA-approved prescription drug and the prescription ingredients must be in therapeutic amounts recognized by national compendia or peer-reviewed medical literature.

Clinical information:

Is the National Compendia reference or two (2) peer-reviewed randomized controlled trials supporting the efficacy and safety of this compound being submitted with this request? ❑ **Yes** ❑ **No**

Has the patient tried and failed at least three (3) FDA-approved commercially available therapeutic alternatives and at least one of the alternatives is of the same route of administration as the compound? ❑ **Yes** ❑ **No**

Drug: _____ **Route of administration:** _____

Drug: _____ **Route of administration:** _____

Drug: _____ **Route of administration:** _____

Is the requested strength commercially available? ❑ **Yes** ❑ **No**

Please note: Compounds containing any of the following medications must be in the same dosage form as commercially available specific drug products: Diclofenac, flurbiprofen, fluticasone, gabapentin, ketamine, ketoprofen, levocetirizine, and mometasone.

Please note: Compounds used for cosmetic indications are excluded from the benefit and will be denied.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Prescriber Signature: _____ **Date:** _____

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Please note: All information below is required to process this request.
Mon-Fri: 6am to 6pm Eastern / Sat: 6am to 6pm Eastern

Compound Drugs Prior Authorization Request Form (Page 2 of 2)

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

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.
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.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**