OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
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Clozaril®, Fanapt®, Fazaclo®, Geodon®, Invega®, Latuda®, Risperdal®, Saphris®, Versacloz®, Vraylar®, Zyprexa® & Zyprexa® Zydis®
Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

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:
	Directions for Use:	

Clinical Information (required)	
1. Is the requested drug being requested as an adjunct for major depressive disorder?	❑ Yes ❑ No
2. Is the patient currently taking the prescribed medication with evidence of improvement?	❑ Yes ❑ No
3. Has the patient tried and failed a 30-day trial, is intolerant to or has had a confirmed adverse reaction to TWO of the following products: generic aripiprazole, generic clozapine (any dosage form), generic paliperidone, generic risperidone (any dosage form), generic olanzapine (any dosage form), generic quetiapine (any dosage form) or generic ziprasidone?	❑ Yes ❑ No
4. Has documentation of the use of objective, quantitative rating scales to monitor clinical status (e.g., Abnormal Involuntary Movement Scale [AIMS], Structured Clinical Interview for DSM-IV Axis I Disorders [SCID], Brief Psychiatric Rating Scale [BPRS], Positive and Negative Syndrome Scale [PANSS]) as proof of treatment status been submitted? If yes, please submit documentation:_____	❑ Yes ❑ No

Information on this form is accurate as of this date.

Prescriber's Signature:	**Date:**

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 more information about the prior authorization process, please contact us at 855-811-2218.
Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern