

Access this PA form at: https://optumrx.com/oe_tenncare/prescriber

If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

Member Information (required)			Prescriber Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	DEA#:	
Date of Birth:			Specialty:		
Street Address:			Office Phone:		Office Fax:
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
			Is the prescriber a TennCare provider with a Medicaid ID? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Is the prescriber a single-patient contract holder for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Requested OTC Agent					
NAME: _____	DOSE: _____	DIRECTIONS: _____	QUANTITY: _____	DURATION: _____	

Clinical Criteria Documentation ****Do not include documentation that is not requested on this form****

1. What is the diagnosis the agent is being used to treat? Diagnosis: _____

For Agents on the Covered OTC list requiring Prior Authorization:

- Is the patient is unable to use a comparable covered OTC agent that is available without a PA? ☐ Yes (if yes, please provide details) ☐ No
- Is the patient is unable to use a prescription agent covered by TennCare in place of requested agent?
☐ Yes (if yes, please provide details) ☐ No
- Is the requested agent medically necessary for the patient? ☐ Yes ☐ No

For OTC Agents NOT listed on the Covered OTC list (requests for agents NOT on the covered OTC list will only be considered for patients < 21 years of age)

- Prescriber attests that the product is required to diagnose or treat a medical problem in lieu of a covered OTC product? ☐ Yes ☐ No
- Product is being used for this enrollee as indicated in the package insert? ☐ Yes ☐ No

Please note any other information pertinent to this PA request: _____

Prescriber Signature (Required) **Date**
 (By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Fax this form to: 1-866-434-5523
Phone: 1-866-434-5524
OptumRx will provide a response within 24 hours upon receipt.