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Rybelsus[®] 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. Does the patient have a diagnosis of Type 2 diabetes mellitus?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the patient experienced an inadequate treatment response, intolerance or contraindication to metformin? If yes, please document medication(s) tried, date of trial(s) and reason: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

Information on this form is accurate as of this date.

Prescriber's Signature:	Date:
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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

This document – and others if attached – contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. 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.**

Office use only: Rybelsus_2021Jan