



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit go.covermymeds.com/OptumRx to begin using this free service. Please note: All information below is required to process this request. Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Promethazine products Prior Authorization Request Form

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:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)

Continuation of therapy:

Is this a continuation of prior therapy? Yes No

If "yes" to the above question, please submit documentation (e.g., medical records, chart notes, pharmacy claims) or provide the dates, duration, and previous regimen used below: **(REQUIRED)**

Select the diagnosis below:

- Allergic conjunctivitis [**promethazine tablet** only]
- Allergic rhinitis (perennial or seasonal) [**promethazine tablet** only]
- Anaphylaxis (adjunct to epinephrine) [**promethazine tablet** only]
- Angioedema [**promethazine tablet** only]
- Antiemetic therapy in postoperative patients [**promethazine tablet** only]
- Dermographism [**promethazine tablet** only]
- Hypersensitivity reaction to blood or plasma [**promethazine tablet** only]
- Motion sickness [**promethazine tablet** only]
- Post-operative pain (adjunct therapy with meperidine or other analgesics) [**promethazine tablet** only]
- Preoperative, postoperative, or obstetric sedation [**promethazine tablet** only]
- Prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery [**promethazine tablet** only]
- Sedation (adults and children needing relief from light sleep arousal) [**promethazine tablet** only]
- Temporary relief of coughs and upper respiratory symptoms associated with allergy or the common cold [**promethazine-codeine and promethazine DM** only]
- Urticaria [**promethazine tablet** only]
- Vasomotor rhinitis [**promethazine tablet** only]
- Other diagnosis: _____ ICD-10 Code(s): _____

Clinical information:

Are there contraindications or absolute drug interactions with existing therapy? Yes No

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.

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