



---

**Prescription Override Request**

The Prescription Override process will be followed in the instance when OPTUM Rx has denied a prescription stating that the requested medication needs prior authorization from the Plan. Please have ordering physician complete the below information and fax to Prescription Overrides at (239)403-9028 or email to customerservice@selfinsuredplans.com.

Policy Holders ID # \_\_\_\_\_

Policy Holders Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Medication \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Provider Telephone # \_\_\_\_\_

Provider Tax Identification# \_\_\_\_\_

Provider signature \_\_\_\_\_

Completed by \_\_\_\_\_

***Note: Once our office has received the request a determination will be made within 24 hours from when the form was received. Sometimes medical records may be required in order to determine medical necessity/appropriateness prior to approval. To check on status please call Customer Service at (239)403-7884, press 1.***