

Reminder: New process for prior auth requests through OptumRx

Security Health Plan transitioned to Optum Rx as its pharmacy benefit manager (PBM) effective Jan. 1, 2026. This partnership supports our commitment to delivering consistent, high-quality and affordable health care coverage through improved contracting terms.

A new temporary prior authorization process for pharmacy services is now in effect. As of Jan. 1, 2026, providers must:

1. [Complete the prior authorization form, linked here.](#)
2. Fax the completed form and any relevant clinic notes and lab values to (715) 221-9989.

A clinical review cannot be completed without relevant clinic notes.

Please note this is a temporary process during the Optum Rx transition. Providers will be notified once a permanent prior authorization workflow is finalized.

Additional reminders:

Formularies and prior authorization criteria have also shifted as part of the PBM transition.

- [Formularies are available on the website here](#) and can be searched by plan.
- Questions about specific prior authorization criteria can be directed to pharmacy services at (877) 873-5611.

For more information, [please refer to the FAQ.](#)