



Long Acting and Short Acting Opioid 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)					
<p>Clinical information:</p> <p>Does the patient have a diagnosis of cancer in the past 365 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a diagnosis of a terminal illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have an <u>illness</u> associated with significant pain (e.g., sickle cell anemia, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the diagnosis: _____</p> <p>Does the patient have an <u>injury</u> associated with significant pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the diagnosis: _____</p> <p>Have efforts been made to taper the patient to the lowest effective dose? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide documentation:</p> <p>_____</p> <p>_____</p>					
<p>Reauthorization:</p> <p>If this is a reauthorization request, answer the following:</p> <p>Is the prescriber maintaining the most conservative, effective treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide documentation:</p> <p>_____</p> <p>_____</p>					

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 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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