ProCare Rx

JAI MEDICAL SYSTEMS

**Fentanyl**

# PRIOR AUTHORIZATION FORM

*(Incomplete forms will not be reviewed.)*

| **A. Patient Information** | |
|---|---|
| Patient Name: | Patient Maryland Medicaid Number: |
| Patient Date of Birth: | Patient Sex: ☐ Male ☐ Female |

| **B. Prescriber Information** | | |
|---|---|---|
| Facility/Clinic Name: | | |
| Prescriber Name: | | |
| NPI#: | Physician Phone #: | Physician Fax #: |

| **C. Contact Person for this Request** | | |
|---|---|---|
| Name: | Phone #: | Fax #: |

| **D. Clinical Information (Use a separate form for EACH medication request.)** | | |
|---|---|---|
| Medication: | Strength: | Quantity: |
| SIG: | Length of Treatment: months | |

Prior authorization is approved for six (6) months only.

☐ New Prescription ☐ Refill (patient has been taking this medication)

Please check the appropriate box for the Fentanyl Prior Authorization Request.

☐ Quantity Limit ☐ High Dose ☐ Non-Preferred ☐ Other

Clinical Consideration:

| | | | |
|---|---|---|---|
| 1. | Patient receiving opioid due to cancer treatment. If so, cancer type: _____ | Yes ☐ | No ☐ |
| 2. | Patient receiving opioid due to sickle cell disease. | Yes ☐ | No ☐ |
| 3. | The patient is in hospice care. | Yes ☐ | No ☐ |
| 4. | The patient is pregnant. (where applicable) | Yes ☐ | No ☐ |

Attestation required for each of the following:

| | | | |
|---|---|---|---|
| 1. | Prescriber has reviewed Controlled Substance Prescriptions in PDMP (CRISP). | Yes ☐ | No ☐ |
| 2. | Patient has/will have random Urine Drug Screens. | Yes ☐ | No ☐ |
| 3. | Naloxone prescription was provided or offered to patient/patient's household. | Yes ☐ | No ☐ |
| 4. | Patient-Prescriber Pain Management/Opioid Treatment Agreement/Contract signed and in medical record. | Yes ☐ | No ☐ |

I certify that the benefits of Opioid treatment for this patient outweigh the risks of treatment.

**Prescriber's Signature:** **Date:**

**When Completed Return To:**

**800-583-6010**

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.