MERCYCARE HEALTH PLANS

PRIOR AUTHORIZATION FAX REQUEST FORM **- FAX to 608-758-7726**

FOR **Generic Oxycontin & All Other Long-Acting Narcotics**

Name_____ DOB____/____/____
MercyCare ID#

NOTICE: This form is to be used for**:**
Prior Approval of Generic Oxycontin & All Other Long-Acting Narcotics

FOR MERCYCARE USE ONLY
MCHP Group Name:#
MCHP Group #: *Effective date:*
Tier 2 3
GNRC's: *Transaction #*
Entered by:

Drug Name:	**Strength:**	**Dosing:**	**Quantity:**

Consultations obtained: (The requesting physician must provide these records as proof of their coordination of care with other specialties.) *All Patients on greater than 3 months of pain management will sign a pain contract and submit to random urine drug screening at least twice yearly.*

Please check the appropriate box and send supporting documentation.

☐ Pain Management Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

☐ Surgical Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

☐ Medical Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

☐ Rehabilitation Medicine Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

☐ Psychiatry* Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

☐ Psychology* Date:_____ / _____ / _____ Counselor:_____ ☐ Records Attached

***Ongoing consultation with Psychiatry and/or Psychologist and Counselors is mandatory in patients who carry a psychiatric diagnosis.**

☐ Addictions Medicine** Date:_____ / _____ / _____ Physician:_____ ☐ Records Attached

****Required if history of drug abuse or dependency, or if patient is showing drug seeking behaviors.**

Diagnosis and Diagnostic Studies and Findings:

_____

_____

_____

Current Short-Acting Narcotics Per Month:_____# per Month_____

Plan To Be Reduced To:_____# per Month_____

Physician Signature:	Date	Phone #	Fax #
Physician Name (Please Print)	Specialty	Location	

Approved thru: / /

2—3—6—12 months

Denied

Records Requested

Rx History

Redirect

_____

_____

_____

Medical Director Signature:_____/___/___

11/16/2006