

MULTIPLE NARCOTIC ANALGESIC RXS PRIOR AUTHORIZATION FORM

A prior authorization is required when there is a record of 4 or more paid claims for any narcotic analgesic (short- and long-acting agents) in the past 30 days. To review the prior authorization guidelines, please refer to the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapter – either “Analgesics, Narcotic Long-Acting” or “Analgesics, Narcotic Short-Acting” (accessible at: <http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>).

<u>PRIOR AUTHORIZATION REQUEST INFORMATION</u>		<u>PRESCRIBER INFORMATION</u>	
<input type="checkbox"/> New request <input type="checkbox"/> Additional info (PA#: _____) <input type="checkbox"/> Renewal request # of pages in request: _____		Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
LTC facility contact/phone:		NPI:	MA Provider ID#:
<u>RECIPIENT INFORMATION</u>		Street address:	
Recipient Name:		Suite #:	City/state/zip:
Recipient ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Current Narcotic Analgesic Requested (that is rejecting for multiple narcotic rxes):		Strength:	
Directions:	Quantity:	Refills:	
Diagnosis:	Diagnosis code (required):		

1. List **all narcotic analgesics (short- and long-acting)** prescribed for the Recipient by **all** providers, including strength, directions, and last fill for each. Submit documentation of Recipient's current and recent medications.

[1] Narcotic analgesic name/strength/directions/date of last fill:
[2] Narcotic analgesic name/strength/directions/date of last fill:
[3] Narcotic analgesic name/strength/directions/date of last fill:
[4] Narcotic analgesic name/strength/directions/date of last fill:
[5] Narcotic analgesic name/strength/directions/date of last fill:

2. In the past 30 days, has more than one prescriber/practice prescribed narcotic analgesics for the Recipient?	<input type="checkbox"/> Yes – <u>include medical record documentation that the other prescribers/practices are aware of all prescriptions</u> <input type="checkbox"/> No
3. Is the quantity and combination of narcotic analgesics being prescribed for the Recipient supported by the medical literature or national treatment guidelines?	<input type="checkbox"/> Yes – <u>submit documentation of medical literature or guideline that supports the quantity/combination of narcotic analgesics being prescribed</u> <input type="checkbox"/> No

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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