Prior Authorization Criteria Form

ARKANSAS BLUE CROSS BLUE SHIELD
Medi-Pak Rx (PDP), Medi-Pak Advantage (PFFS), and Medi-Pak Advantage · St. Vincent (PPO)

Oxycodone Extended Release Post Limit (Medicare Prior Authorization)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at **1-888-836-0730**.
Please contact CVS|Caremark at **1-800-294-5979** with questions regarding the prior authorization process.
When conditions are met, we will authorize the coverage of Oxycodone ER Post Limit (Medicare Prior Authorization).

Drug Name (select from list of drugs shown)
Oxycodone

Patient Information
Patient Name: ____________________
Patient ID: ____________________
Patient Group No.: ____________________
Patient DOB: ____________________

Prescribing Physician
Physician Name: ____________________
Physician Phone: ____________________
Physician Fax: ____________________
Physician Address: ____________________
City, State, Zip: ____________________

Diagnosis: ____________________ **ICD Code:** ____________________

Please circle the appropriate answer for each applicable question.

	Question	Answer
1.	Does the patient require more than 320 mg in a 24-hour period?	Y N
	[If the answer to this question is no, then no prior authorization is required. Patients can receive up to 320 mg/day (four 80-mg tablets/day) without prior authorization.]	
2.	Does the patient have a diagnosis of moderate to severe pain?	Y N
3.	Is the patient being prescribed controlled-release oxycodone tablets (e.g. OxyContin) for continuous, around-the-clock pain relief?	Y N
4.	Is the patient opioid tolerant? (Patients are considered opioid-tolerant if they have been taking at least 60 mg of morphine daily, at least 30 mg of oral oxycodone daily, or an equianalgesic dose of another opioid, for a week or longer.)	Y N
5.	Has the patient been assessed for clinical risks of opioid abuse and/or addiction by one of the following tools, or another	Y N

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assessment tool for opioid abuse: CAGE questionnaire, Cyr-Wartman Screen, Skinner Trauma Screen, Screener and Opioid Assessment for Patients with Pain (SOAPP)?

Comments:	

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date