



Prior Authorization for Acute Opioid Use
(90 Days or Less)

Fax Completed Form to 740-305-0596
If Urgent, please call 740-661-4463 (M-F 9am-7pm EST)

Patient Information

Injured Worker's Name: _____
Injured Worker's Date of Birth: _____
Claim #: _____
Date of Injury: _____
Member ID: _____

Prescriber Information

Prescriber Name: _____
Prescriber NPI: _____
Prescriber Phone: _____
Prescriber Fax: _____

The patient is under my care for the treatment of _____ ICD 10 Code _____

This treatment is related to the patient's workers' compensation injury: Yes No

This Request is for: _____ Strength: _____

Quantity _____ Day Supply: _____ Date of Service _____ Rx # (if known): _____

Pharmacy Name and phone # (if known): _____

Have you checked your State's Prescription Drug Monitoring Program? Yes No

Have you screened the patient for risk of addiction? Yes No

Average pain score:

If pain is mild to moderate, did the patient try non-opioid therapy first? Yes No

Average function score:

Surgery-related pain: Is the medication being used for post-op pain? Yes No

Non-preferred drug: Select the reason(s) preferred drugs are not used and what preferred drugs

have been tried: An adverse reaction A drug-drug interaction

A contraindication Inadequate response

Preferred Drugs tried:

Please include preferred medication names, strengths, and doses

Opioid detox agent: Is the buprenorphine product being prescribed to treat opiate addiction?

Yes No

Physician Signature

Date

The documents accompanying this transmission contain confidential protected health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.