

## Oxycontin Post Limit® – Prior Authorization Request

Send completed form to: Case Review Unit CVS/caremark Fax: 888-836-0730

CVS/caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS/caremark toll-free 888-836-0730.** If you have questions regarding the prior authorization, please contact CVS/caremark at **800-294-5979**.

<b>Patient Name:</b>	<b>Date:</b>
<b>Patient's ID:</b>	<b>Patient's Date of Birth:</b>
<b>Physician's Name:</b>	
<b>Specialty:</b>	<b>NPI#:</b>
<b>Physician Office Telephone:</b>	<b>Physician Office Fax:</b>
<b>Quantity:</b>	<b>Frequency:</b>
<b>Route of Administration:</b>	<b>Expected Length of Therapy:</b>

1. Which drug is being prescribed?  Oxycontin (oxycodone ER)  Oxycodone Extended Release  
 Other \_\_\_\_\_
  
2. Does the patient have any of the following?  Yes  No
  - Significant respiratory depression
  - Known or suspected paralytic ileus
  
3. Is OxyContin being prescribed for pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate?  Yes  No
  
4. Can the patient safely take the requested dose based on their current opioid use history?  Yes  No
  
5. Has the patient been evaluated and will be monitored regularly for the development of addiction, abuse, or misuse of OxyContin?  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS/caremark or the benefit plan sponsor.***

X \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date: (mm/dd/yy)**

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