

Opiate Overutilization Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 844-474-3341.

1. Patient information

Patient name: _____
 Patient ID #: _____
 Patient DOB: _____
 Date of Rx: _____
 Patient phone #: _____
 Patient email address: _____

2. Physician information

Prescribing physician: _____
 Physician address: _____
 Physician phone #: _____
 Physician fax #: _____
 Physician specialty: _____
 Physician DEA: _____
 Physician NPI #: _____
 Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

_____	_____	_____	Specify: _____
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7. Diagnosis:

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Yes No Does the client have a diagnosis of cancer in the last 730 days?

For the Texas Medicaid *Preferred Drug List*, please refer to the Texas Medicaid Vendor Drug Program website at <http://www.txvendordrug.com/formulary/formulary-search.asp>.

9. Physician signature

_____	_____
Prescriber or authorized signature	Date
<p><i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.</i></p> <p>Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</p> <p>The document(s) accompanying this transmission may contain confidential 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</p>	

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