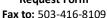
PRIOR AUTHORIZATION / FORMULARY EXCEPTION







For assistance with this form, call CareOregon Advantage at 503-416-4279 or toll-free at 888-712-3258, Monday - Friday from 8AM - 8PM

URGENT REQUEST - Initial response within 24 hours: By selecting expedited review and signing below, I certify that applying the standard review time (up to 72 hours) would seriously jeopardize the life or health of the member, or the member's ability to regain maximum function. Patient Information (Required) Prescriber Information (Required) Patient name: Prescriber name and specialty: Prescriber DEA/NPI: Member ID: Date of birth: Office phone: Office fax: Patient phone: Medication allergies: Contact person: NKDA Medication Information (Required): Medication requested: Strength: Dosage form: New prescription or Quantity: Days supply: Check only if requesting brand Continuation of therapy Directions for use: Diagnosis (ICD-10) associated with medication: Clinical Information (Required): List contraindicated or previously tried drugs. For non-formulary medications, all available formulary alternatives must be addressed. **Dose and Duration: Outcome of Trial:** Drug: Clinical Rationale and Medical Necessity Statement (Attach supporting medical records): **Quantity Limit Exceptions** Reason for exceeding the plan limitations (check one): Requested strength/dose is not commercially available Titration or loading dose Patient is on dose-alternating schedule Other (Please Specify): **Opioid Safety Restrictions (Complete Section I or II Below)** Member has an exemption to the plan opioid safety restrictions (check one): Actively enrolled in hospice Chronic pain due to cancer; active or history of Actively enrolled in palliative care Sickle cell anemia diagnosis II. No Exemption applies – provider attests that treatment is still intended and medically necessary (check all that apply): **Concurrent Therapy Opioid-Naïve** - Request to fill > 7 days supply of an opioid (check one): Provider attests that the following concurrent therapy is intended and medically necessary (check one): Provider attests that patient is opioid-naïve and > 7 days supply is intended and medically necessary Provider attests that patient is not opioid-naïve Buprenorphine + opioid Benzodiazepine + opioid Prenatal vitamin + opioid High MME (morphine milligram equivalent) Patient's total cumulative **MME** exceeds plan limit of 90mg or greater. Concurrent use of two long-acting opioids Provider attests that the following MME is intended and medically necessary: Prescriber's Signature: Date:

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