



Please complete ALL information below and fax your request to 1-888-671-5285

Opioid Cough Medications Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

| Member Information (required) | | | Provider Information (required) | | |
|-------------------------------|--------|------|---------------------------------|------------|------|
| Member Name: | | | Provider Name: | | |
| Insurance ID#: | | | NPI#: | Specialty: | |
| Date of Birth: | | | Office Phone: | | |
| Street Address: | | | Office Fax: | | |
| City: | State: | Zip: | Office Street Address: | | |
| Phone: | | | City: | State: | Zip: |

| Medication Information (required) | | |
|---|---------------------|--------------|
| Medication Name: | Strength: | Dosage Form: |
| <input type="checkbox"/> Check if generic substitution is acceptable | Directions for Use: | |
| <input type="checkbox"/> Check if request is for continuation of therapy | | |

| Clinical Information (required) |
|--|
| <p>What is the patient's diagnosis for the medication being requested?</p> <p style="text-align: right;">ICD-10 Code(s): _____</p> |
| <p>Quantity limit requests:</p> <p>Have maximum doses specified under the quantity restriction been tried for an adequate period of time and been deemed ineffective in the treatment of the patient's disease or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p> <hr/> <p>If lower doses have not been tried, is there clinical support (i.e., clinical literature, patient attributes, or characteristics of the drug) that the number of doses available under the quantity restriction will be ineffective in the treatment of the patient's disease or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p> <hr/> |

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.