PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

SWHP Short Acting Opioid PA Program

Phone: 800-728-7947 **Fax back to: 866-880-4532**

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:		**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:		Fax:	Phone:
Date of Birth:		Office Contact:	
Group Number:		NPI:	State Lic ID:
Address:	Address:		
City, State ZIP:		City, State ZIP:	
Primary Phone:		Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please specify the quantity and days supply being requested.
Q2. Please indicate diagnosis and ICD code.
Q3. Does the patient have an active treatment plan that includes but is not limited to a specific treatment objective and the use of other pharmacological and non-pharmacological agents for pain relief as appropriate? ☐ Yes ☐ No
Q4. Has the patient signed an informed consent document and has an addiction risk assessment been performed? ☐ Yes ☐ No
Q5. Has the patient signed a written agreement addressing issues of prescription management, diversion, and the use of other substances? ☐ Yes ☐ No
Q6. Does the patient have a cancer diagnosis?

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Patient Name:	**Prescriber Name:** **Supervising Physician:**

☐ Yes	☐ No
Q7. Is the patient currently enrolled in hospice? ☐ Yes	☐ No
Q8. Please indicate and/or attach supporting rationale for reason for request.	
Q9. Additional Comments:	

Prescriber Signature _____ Date _____

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.