

Ticket #: \_\_\_\_\_ Request Date: \_\_\_\_\_ Request Time: \_\_\_\_\_

## PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Actiq®/Fentora®/Onsolis®. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information			
Patient Name:		Plan Name/Plan ID:	
Patient ID:		Patient Date of Birth:	Patient Contact Phone #:
B. Physician Information			
Physician Name:		Physician Address:	
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Directions (SIG):	QTY and Days Supply:	NDC#:
C. Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:
D. Clinical Information (Please fill out the following information: circle all that apply)			
1. Is the patient currently receiving a short acting and long acting opioid analgesic on a routine basis?		YES	NO
2. Current opioid therapy: (Must provide progress notes or medical records for verification of history and therapeutic outcomes of trials.)		YES	NO
Drug: _____; Dose: _____; Start & End dates: _____; Outcome: _____			
Drug: _____; Dose: _____; Start & End dates: _____; Outcome: _____			
Drug: _____; Dose: _____; Start & End dates: _____; Outcome: _____			
Comments: _____ _____			
3. Does the patient have an existing cancer diagnosis?		YES	NO
4. Is the prescribing physician's specialty an oncologist or pain management related to oncology?		YES	NO
5. Has restricted drug distribution program enrollment been completed? (Documentation verifying enrollment must be submitted)		YES	NO
*Attachment of a copy of the original prescription, progress notes, and lab reports required. The provider must retain copies of all documentation for five years.			
Authorized Medical Signature:			
Telephone:		Date:	

### When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507  
1-866-965-Drug (3784) / Fax # 866-999-7736