

Prior Authorization Form

Opana ER

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-888-836-0730**.  
Please contact CVS/Caremark at **1-800-294-5979** with questions regarding the prior authorization process.  
When conditions are met, we will authorize the coverage of Opana ER.

Drug Name (select from list of drugs shown)

Opana ER Tablets (oxymorphone extended-release)

Quantity

Frequency

Strength

Route of Administration

Expected Length of Therapy

Patient Information

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Group No.: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Prescribing Physician

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Comments: \_\_\_\_\_

Please circle the appropriate answer for each question.

1. Do any of the following apply to the patient: A) Patient has significant respiratory depression, B) Patient has known or suspected paralytic ileus, C) Request is for oxymorphone hydrochloride extended-release tablet and patient has moderate or severe hepatic impairment?

Y N

2. Is the requested drug being prescribed for pain severe enough to require daily, around-the-clock, long-term opioid treatment?

Y N

3. Can the patient safely take the requested dose based on their current opioid use history?

Y N

4. Has the patient been evaluated and will be monitored

Y N

regularly for the development of addiction, abuse, or misuse of the requested drug?			
5. Has the patient experienced an inadequate treatment response, had an intolerance to, or has a contraindication to both long and short acting generic agents?	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		

I affirm that the information given on this form is true and accurate as of this date.

<b>Prescriber (Or Authorized) Signature and Date</b>