



Phoenix Benefits Management manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the questions below and fax this form back to **888.835.3383**. Please note any information left blank or illegible could delay the review process.

OPIOID MEDICATION REVIEW

Member Name:

Provider Name:

ID Number:

Provider NPI:

Rx GRP:

Provider Phone:

Date of Birth:

Provider Fax:

Patient Follow Up Appointment Date:

Medication Name and Dosage and Directions:

Diagnosis:

Please attach all pertinent medical history or information for this patient that may help in the review process. Please answer the following questions:

Is this a current medication? If yes, how long has the patient been taking? Any side effects?

If Rx is for over 7 days, please list reason pain management is necessary for an extended period.

List all medications the patient has tried in the past to treat this condition. Some medications may be required prior to the approval of other medications.

List all non-pharmacologic treatments the patient has tried to help manage their pain. Ex. Chiropractor, stress relief, exercise. Some may be required before opioids will be approved.

Please provide most recent Urine Drug Screen (UDS) Results with date taken:

Physician Signature:

Date:

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