

**Today's Date:** \_\_\_\_\_

**SECTION A - PATIENT INFORMATION**

First Name:	Last Name:	Member ID:
Address:		
City:	State:	Zip:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication **NEW**  or a **CONTINUATION of THERAPY** ? If so, start date: \_\_\_\_\_

Is this patient currently hospitalized?  Yes  No

**SECTION B - PHYSICIAN INFORMATION**

First Name:	Last Name:	M.D./D.O.	
Address:	City:	State:	Zip:
Phone:	Fax:	NPI #:	Specialty:

Office Contact Name / Fax Attention to: \_\_\_\_\_

**SECTION C - MEDICAL INFORMATION**

**Medication:** \_\_\_\_\_ **Strength:** \_\_\_\_\_

**Directions for use:** \_\_\_\_\_

<b>Diagnosis (Please be specific &amp; provide as much information as possible):</b>	<b>ICD-9 CODE:</b>
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- Is this a new prescription for the patient or a continuation of existing therapy? If this is a continuation of therapy, please provide start date.
- Is the requested medication being used to treat neuropathic pain or fibromyalgia?
- Did the patient exhibit an inadequate response to treatment with all of the following:  
(Please list in the table below if the patient has experienced an intolerance/adverse reaction)  
**Gabapentin titrated up to 1800mg daily for at least 4 weeks**  
**Tricyclic antidepressants titrated to the maximum tolerated dose for at least 6-8 weeks**  
**Morphine sulfate ER at a minimum dose of 200mg daily**  
**Opana ER at a minimum dose of 80mg daily**  
**Fentanyl transdermal at a minimum dose of 100mcg/hr**
- Did the patient exhibit an inadequate response to treatment with morphine sulfate ER at a minimum dose of 200mg daily?
- Did the patient experience an intolerance/adverse reaction or has a documented contraindication to previous therapy with morphine sulfate ER?

Explanation of why the preferred medication(s) would not meet your patient's needs: \_\_\_\_\_

Other Medications tried				
<u>Medications</u>	<u>Strength</u>	<u>Directions</u>	<u>Dates of Therapy</u>	<u>Reason for failure / discontinuation</u>

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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