

Date of Request _____

Oxycontin Management of moderate to severe pain when a continuous around-the-clock analgesic is needed for an extended period of time, not intended for use as an as-needed analgesic. Covered for patients with chronic pain due to malignant conditions. Otherwise, Oxycodone SR will be approved for payment with documented progression through the World Health Organization analgesic ladder.

Not indicated in the immediate post-operative period (the first 12 to 24 hours following surgery), or if the pain is mild or not expected to persist for an extended period of time.

Member Information

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Address: _____

City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____ Weight (kg): _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

ID Number _____

Email _____ @ _____

Formulary Alternative(s) Attempted?	YES	NO
NSAIDs		
Drug/Dose _____		
Outcome _____		
Opioid Combination (Percocet, Darvocet, ect.)		
Drug/Dose _____		
Outcome _____		
Opioid Analgesics (Oxycodone, Morphine, ect.)		
Drug/Dose _____		
Outcome _____		

Requested Drug / Pharmaceutical

Oxycontin (Oxycodone Hydrochloride, controlled release)

Condition / Diagnosis Related - Reason for Request

Strength / Dose

Therapy Start Date

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Contact Pharmacy? Y N

Pharmacy Phone Number

Rate the patient's pain on the following scale												
0	1	2	3	4	5	6	7	8	9	10		
Will med be used for around-the-clock pain relief?											Y	N
Is the patient's pain chronic											Y	N
Is the patient opioid tolerant?											Y	N
Is the patient under the care of a pain specialist?											Y	N
Name of specialist _____												
Phone no _____												
(Fax copy of pain consult if available)												

Practitioner Signature _____