

FAX completed form to
Change Healthcare
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program
PRIOR AUTHORIZATION REQUEST FORM
Narcotic and Tramadol Request Form

PHONE:
(For questions or inquiries ONLY)
1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: _____

Client's Full Name: _____ DOB: _____

Prescriber NPI: _____

Prescriber's Full Name: _____ Phone: _____

Prescriber Address: _____ Fax: _____

Pharmacy NPI: _____

Pharmacy Name: _____ Phone: _____

<u>Drug Name</u> (List one drug per form)	<u>Strength</u>	<u>Dosage Instructions</u>	<u>Days Supply</u>	<u>Quantity</u>	<u>Refills</u>
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Client's medical diagnosis: _____

1. Does client currently have a diagnosis of cancer? Yes No

If yes, please note that prior authorization requests for each narcotic and benzodiazepine desired must be submitted.

2. Is the client female and between the ages of 18-45? Yes No

***The use of opioid analgesics during pregnancy has been associated with neonatal abstinence syndrome. If the client is female and between the ages of 18-45:

- Has this client been counseled regarding the risks of becoming pregnant while receiving this medication, including the risk of neonatal abstinence syndrome? Yes No
- Is this client currently utilizing a form of contraception? Yes No
- Has access to contraceptive services been offered to this client? Yes No

3. Has the AWARe WY Prescription Drug Monitoring Program been reviewed for this client? Yes No

If yes, most recent date accessed: _____

***To request a client's controlled substance profile, please refer to AWARe at <https://wyoming.pmpaware.net/login>

*** For information regarding which medications are preferred as well as dosing limits, please see the Preferred Drug List and the Dosage Limitation List, which can be found at www.wyomedicaid.org.

Prescriber Signature: _____ Date(s) of Submission: _____

* Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.