



Prior Authorization Request Form Non-formulary Abuse Deterrents

****SENSITIVE BUT UNCLASSIFIED****

This form is to be completed and signed by the CCE/NPN Medical Director and should only be used for prescriptions to be filled through the World Trade Center Health Program (WTCHP).

The CCE/NPN should upload this completed form into VitalPoint and inform the PBM and the WTCHP of this request via the SAMS messaging system.

This form is to be used for these non-formulary drugs: Hysingla ER (hydrocodone), Embeda (morphine sulfate; naltrexone), Arymo ER (morphine sulfate), MorphaBond XR (morphine sulfate), Xtampza ER (oxycodone), RoxyBond (oxycodone).

Please provide the following member and prescriber information (please print):

Member Name: _____	Prescriber Name: _____
Member ID: _____	Prescriber Address: _____
CCE/NPN: _____	_____
Requested Medication: _____	Prescriber Phone #: _____

Please complete the following clinical assessment:

- | | | |
|---|-----------------------------------|------------------------------------|
| 1. Has the member tried and failed at least <u>TWO</u> formulary narcotic analgesics? | Yes
Sign and date below | No
Coverage not approved |
|---|-----------------------------------|------------------------------------|

<p>TO BE FILLED OUT BY WTC HEALTH PROGRAM:</p> <p>Decision: _____</p> <p>Decision Comments: _____</p>	<p>By signing below, I certify that the above information is correct and accurate to the best of my knowledge.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">_____</td> <td style="width: 30%;">_____</td> </tr> <tr> <td>WTCHP (NIOSH) Signature</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>CCE/NPN Medical Director (or Designee) Signature</td> <td>Date</td> </tr> </table>	_____	_____	WTCHP (NIOSH) Signature	Date	_____	_____	CCE/NPN Medical Director (or Designee) Signature	Date
_____	_____								
WTCHP (NIOSH) Signature	Date								
_____	_____								
CCE/NPN Medical Director (or Designee) Signature	Date								

Additional information may be attached to this document if needed.

Effective 10/4/2018

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