



FLORIDA MEDICAID

Prior Authorization

Oxycodone ER (Oxycontin®)

Maximum length of approval = 6 months

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#
[Grid for 10 digit ID number]

Date of Birth (MM/DD/YYYY)
[Grid for MM/DD/YYYY]

Recipient's Full Name
[Grid for full name]

Prescriber's Full Name
[Grid for prescriber name]

Prescriber License # (ME, OS, ARNP, PA)
[Grid for license number]

Prescriber Phone Number
[Grid for phone number]

Prescriber Fax Number
[Grid for fax number]

Pharmacy Name
[Grid for pharmacy name]

Pharmacy Medicaid Provider #
[Grid for provider number]

Pharmacy Phone Number
[Grid for pharmacy phone number]

Pharmacy Fax Number
[Grid for pharmacy fax number]

1. Recipient's diagnosis relating to the reasons for prescribing OxyContin® at this time?

2. Strength requested: _____ Daily Dosage: _____
3. Briefly describe the clinical course of the two different long-acting narcotics that have failed or were not tolerated (within the past 90 days)
(Legible copies of progress notes describing these events are required, please attach.)

[Large empty box for clinical course description]

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

Fax Information to:



Pharmacy Provider Services
Fax: 855-825-2717
Phone: 1-800-617-5727