

Prior Authorization Request Form for

oxycodone/acetaminophen 5-300 mg, 7.5-300 mg, 10-300 mg tabs (**Primlev, Prolate**), 2.5-300 mg tabs (**Nalocet**),
10-300 mg/5 ml solution (**Prolate**)



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HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

1 Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2 1. The provider acknowledges that generic oxycodone/acetaminophen 325 mg tablets and solution are available to DoD beneficiaries without requiring a PA, and that several other opioids including hydrocodone/acetaminophen and codeine/acetaminophen are available without a PA.	<input type="checkbox"/> Acknowledged Proceed to question 2
2. Please explain why the patient needs oxycodone/acetaminophen 300 mg and cannot take available alternatives.	_____ Sign and date below

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature Date

[5 April 2023]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____ month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: