

Embeda
(morphine sulfate and naltrexone hydrochloride)



An Independent Licensee of the Blue Cross and Blue Shield Association

Prior Authorization Request (Physician to Complete)

Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet		Date: ____/____/____		
To: <u>Wellmark Pharmacy Services</u>		From (Prescriber's Name): _____		
Fax Number: <u>(866) 884-4345</u>		Prescriber's DEA Number: _____		
Phone Number: <u>(800) 600-8065</u>		Prescriber's Phone Number: _____		
Prescriber's Specialty: _____		Prescriber's Fax Number: _____		
Prescriber's Office Address: _____				
Street	Suite #	City	State	Zip
Patient Name: _____				
Patient ID: _____		Patient DOB: ____/____/____		

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Does the patient have a diagnosis of moderate to severe pain that requires continual, around-the-clock therapy?
 Yes
 No

2. Has the patient tried and failed or intolerant to generic morphine sulfate products?
 Yes
 No

3. Is the treating physician concerned about opioid drug abuse or diversion for this particular member?
 Yes
 No

Attach lab results and other documentation as necessary

Printed Name

Signature

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