# TIRF REMS Pain Management Intake Form

## E-Prescribing to AllCare Plus Pharmacy Available

**NCPDP** 2243880 **Toll free** (855) 880-1091 **Toll free fax** (844) 265-0265
50 Bearfoot Road, Northborough, MA 01532
**www.AllCarePlusPharmacy.com**

DATE: _____ THERAPY START DATE: _____ DELIVERY : ☐ PATIENT ☐ OFFICE ☐ OTHER: _____

## PATIENT INFORMATION

Patient Name

Address

City, State, Zip

Phone

Social Security

Date of Birth ☐ Male ☐ Female

## PRESCRIBER INFORMATION

Prescriber Name DEA/NPI #

Facility Name

Address

City, State, Zip

Phone Fax

Office Contact

## INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

**Plan Name:** _____ **ID#:** _____ **Group#:** _____ **Bin#:** _____ **Insurance Phone#:** _____

## CLINICAL INFORMATION

## PLEASE E-PRESCRIBE OR MAIL HARD COPY PRESCRIPTIONS IN ORDER TO FULLY PROCESS

TIRF medicines are indicated only for the management of breakthrough pain in adult cancer patients 18 years of age and older (16 years of age and older for Actiq® brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain.

**Diagnosis (ICD-10 Code):**

☐ **ICD-10 Code:** _____ ☐ **Other ICD-10 Code:** _____

## ADDITIONAL INFORMATION

**LANGUAGE:** ☐ English ☐ Spanish ☐ Other _____

**ALLERGIES:** _____

## PRESCRIPTION INFORMATION

| DRUG | DOSAGE |
|---|---|
| ☐ **ABSTRAL®** (fentanyl) | ☐ 100 mcg ☐ 200 mcg ☐ 300 mcg ☐ 400 mcg ☐ 600 mcg ☐ 800 mcg |
| ☐ **FENTORA®** (fentanyl buccal tablet) | ☐ 100 mcg ☐ 200 mcg ☐ 400 mcg ☐ 600 mcg ☐ 800 mcg |
| ☐ **SUBSYS®** (sublingual spray) | ☐ 100 mcg ☐ 200 mcg ☐ 400 mcg ☐ 600 mcg ☐ 800 mcg |
| ☐ **Other:** _____ | ☐ **Other:** _____ **Notes:** _____ |

## PHYSICIAN SIGNATURE

Physician Signature: _____ Date: _____

**I authorize AllCare Plus Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.**