



**Maine Department of Health and Human Services  
MaineCare Services  
Pharmacy Unit  
11 State House Station  
Augusta, Maine 04333-0011**

**PAUL R. LEPAGE  
GOVERNOR**

**BETHANY L. HAMM  
ACTING COMMISSIONER**

**RETAIL NARCOTIC MISUSE REFERRAL FORM**

**MAINECARE PAIN MANAGEMENT PROGRAM**

**Patient Name:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_

**NPI #:** \_\_\_\_\_

**MaineCare ID #:** \_\_\_\_\_

**NABP #:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Reason for referral:**

- Concerned by and/or unaware of narcotics dispensed at other pharmacies
- Patient requests to pay cash for Brand / Generic narcotics
- Frequent visits on weekends to fill prescriptions obtained from ER
- Frequent lost, stolen, or destroyed prescriptions
- Frequent requests for early refills
- Other – please explain (i.e. question of altered prescriptions, etc.)

\_\_\_\_\_

- Have you discussed these issues with the patients?      Yes       No
- Have you discussed these issues with prescribing physician?      Yes       No
- Are you willing to be the designated pharmacy for this member?      Yes       No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return to: Change Healthcare  
P.O. Box 1090  
Augusta, Maine 04332-1090  
Fax to Change Healthcare 1-800-408-1088  
If you have any questions, please call Change Healthcare:  
1-800-561-6707 or 207-622-1126 or TTY: 207-622-3210