



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

