UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

LONG ACTING OPIATES
(see separate criteria for Methadone)

Patient name:____________________________ Medicaid ID #:________________________________

Prescriber Name:_________________ Prescriber NPI#: ___________ Contact person:________________________

Prescriber Phone#: __________________ Extension/Option: ______ Fax#: ____________________________

Pharmacy:__________________________ Pharmacy Phone#: ______________ Pharmacy Fax #: ______________

Requested Medication:_________________ Pharmacy NPI#: ___________ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

____________________________________________________

FAX A LETTER OF MEDICAL NECESSITY TO 855-828-4992

Prior authorization is NOT required in the following instances:
• Member is ≥ 18 years old; AND
• Member has used a short-acting opiate, including tramadol or tapentadol, within the past 30 days (i.e. opiate tolerant); AND
• Member does not have a paid claim for a benzodiazepine within the past 45 days; AND
• Member does not have a paid claim for any buprenorphine-naloxone combination, buprenorphine, naloxone or naltrexone medication within the past 18 months

Prior authorization IS required in the following instances:
• Member is < 18 years old; OR
• Member has not used a short-acting opiate, including tramadol or tapentadol, within the past 30 days (i.e. opiate tolerant); OR
• Member has a paid claim for a benzodiazepine within the past 45 days; OR
• Member has a paid claim for any buprenorphine-naloxone combination, buprenorphine, naloxone or naltrexone medication within the past 18 months.

Include a treatment agreement, including discontinuation criteria, signed by the provider and the member.

Note:
If the member is enrolled in a research protocol or clinical trial involving the long acting opiate, the trial must provide the medication.

Initial Authorization: 6 months
Reauthorization: 6 months

11/10/2016

https://medicaid.utah.gov/pharmacy/