

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**OPIOID QUANTITY OVERRIDE REQUEST**  
**long-acting, short-acting, and acetaminophen combination products**

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**

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**FAX DOCUMENTATION TO 855-828-4992**

Effective January 2017, reimbursable quantities of opioids have been reduced. New prescriptions are reimbursable up to the quantity limits listed on the Utah Medicaid Pharmacy website, <https://medicaid.utah.gov/pharmacy/resource-library>

Note: Patients who are continuing previous treatment may be given a 3 month grace period to reduce their dose to the reimbursable amount. The prescriber may request a grace period authorization by calling Medicaid at 800-622-9651 opt 3, opt 3, opt 2

If after 3 months doses cannot be sufficiently reduced, the prescriber can request an Opioid Quantity Override Prior Authorization, as below.

**CRITERIA:**

- The name and strength of the drug requested
- Acknowledgement of the drug's specific quantity limit
- Detailed explanation, in chart notes or a letter of medical necessity, of other therapies that have been tried (exercise, NSAIDs, etc), including length of therapy
- Detailed description, in chart notes or a letter of medical necessity, of treatment goals

**AUTHORIZATION:** 3 months