

**Request for Prior Authorization-Continued
 LONG-ACTING OPIOIDS**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Document 1 preferred long-acting opioid treatment failure including drug name, strength, exact date ranges and failure reason:

Preferred Long-Acting Narcotic Trial: Name/Dose: _____ Trial Dates: _____

Failure reason: _____

 *Please refer to the methadone dosing guidelines located at www.iadur.org under the Report Archive tab.

Prescriber review of patient’s controlled substances use on the Iowa PMP website: No Yes Date Reviewed: _____

Is long-acting opioid use appropriate for patient based on PMP review and patient’s risk for opioid addiction, abuse and misuse?
 No Yes

Has patient been informed of the common adverse effects (constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, and withdrawal symptoms when stopping opioids) and serious adverse effects (potentially fatal overdose and development of a potentially serious opioid use disorder) of opioids?
 No Yes

Patients taking concurrent benzodiazepines:

 Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient? No Yes

Medical necessity for concurrent use: _____

Provide plan to taper the benzodiazepine or medical rationale why not appropriate: _____

Renewals
Has patient experienced improvement in pain control and level of functioning?
 No Yes (describe): _____

Updated prescriber review of patient’s controlled substances use on the Iowa PMP website (since initial request):
 No Yes Date Reviewed: _____

Patients taking concurrent benzodiazepines:

 Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient? No Yes

Medical necessity for concurrent use: _____

Provide plan to taper the benzodiazepine or medical rationale why not appropriate: _____

Attach signed chronic opioid therapy management plan between the prescriber and patient.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member’s Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.