

## New Opioid Prior Authorization Form for Medicaid Providers

### Medicaid Opioid Prior Authorization Form Requirement

In partnership with the state of Utah Medicaid program, Molina Healthcare is required to implement an opioid policy to align with the state's criteria. These requirements include following the state's limit of 90 Morphine Milligram Equivalent (MME) per day, addressing high risk combination of drugs such as benzodiazepines or antipsychotics with opioids, and working with providers and members to taper opioid doses when possible. These requirements also reflect the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain standards and the Federal H.R.6, SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act.

Attached to this provider bulletin is a copy of the Medicaid opioid prior authorization form. Molina Healthcare Medicaid will require the form for any opioids that reject at the pharmacy point of sale. **Please note that this form is NOT required for all opioid prescriptions.** This opioid form is required only for policy exceptions including but not limited to total MME >90 per day, non-formulary opioids, methadone, fentanyl and exceeding formulary quantity limits. Due to member specific variables some opioid prescriptions may reject, and require the Medicaid Opioid Prior Authorization Form, for potential safety concerns.

**The new Medicaid Opioid Prior Authorization Form can be found here:**

<https://www.molinahealthcare.com/providers/ut/medicaid/forms/fuf>

**Molina Healthcare's Medicaid Formulary can be found here:**

<https://www.molinahealthcare.com/providers/ut/medicaid/drug/formulary.aspx>

### Opioid Prior Authorization FAQ's

**Will Molina deny the request if there is no opioid PA form or provider signature on the PA form?** To allow providers and their staff the opportunity to familiarize themselves with the new process and form, a grace period will be in effect until **October 31, 2020**. After that date, requests will be denied if no opioid PA form is submitted or there is no signature from the provider.

**Will this form be required for all opioid prescriptions?** No, only for opioid prescriptions that reject at the pharmacy point of sale for prior authorization or exceed the limits of the opioid policy.

**Does the provider have to fill out all sections on the form?** No, only sections that are applicable to the opioid requested. For example, if the prescribed opioid is not a methadone or fentanyl product, those sections are not required to be filled out. As another example, the benzodiazepines section is required to be filled out if the member is on *any* benzodiazepines, including if prescribed by a different provider.

**Will the MME limits apply to members with cancer-related pain?** No, MME limits do not apply to members who are undergoing active cancer treatment (with chemotherapy and/or oncology drugs) or members receiving end-of-life care.

**Will this form be required for members who do not have Medicaid?** No, this opioid form is required for Medicaid members only. This form is not to be used for Medicare, CHIP or Marketplace.

**Any questions regarding this notification or form please call Molina Healthcare at (855) 322-4081**