Molina Healthcare of Utah
Opioid Prior Authorization Request Form
Medicaid
Phone Number: (855) 322-4081

Member and Medication Information (required)	
Member ID #:	Member Name:
DOB:	Weight:
Medication Name/Strength:	Dose:
Directions for Use:	
Diagnosis/Medical Justification:	
Previous Medications Tried and Dates of Use:	
Comments:	

Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:

FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS (AS APPLICABLE) AND CHART NOTES TO (866) 497-7448

Is the intended use for any of the following situations: ☐ Cancer pain ☐ End-of-life care ☐ Long term care ☐ Palliative care ☐ Sickle cell disease-related pain

Reauthorization Criteria: *If this request is a reauthorization for continuation of care with Molina, please go to page 5*

Short-Acting Opioids: *Prior Authorization may not be required if member has filled initial script of the same medication for a 7-day supply or 3-day for dental providers.*

☐ Clinical Rationale for member not receiving initial 7-day fill:

_____ Chart Note Page #: _____

Long-Acting Opioids: *Prior Authorization may not be required if member has filled short-acting opioid within 30 days of initiating therapy on a long-acting opioid.*

☐ Does the member have clinical rationale for not receiving short acting opioid in past 30 days?

Clinical Rationale: _____

☐ Non-opioid pain medication history. Is the member using or has tried and failed at least two of the following drug classes : NSAIDs, non-opioid analgesics, antidepressants (SNRI or TCAs), or anticonvulsants (gabapentin or pregabalin)?

Medication: _____ Duration of Use: _____

Details of Failure: _____

Medication: _____ Duration of Use: _____

Details of Failure: _____

Dose, Age, Pregnancy, MME and/or Quantity Limits Exception Criteria for Approval: *Taper plan must be provided for all limit exception requests.*

☐ Has the provider submitted clinical rationale if a member under 18 years of age is receiving a long-acting opioid or more than a 7-day supply of a short-acting opioid? ☐ Yes ☐ No

Clinical Rationale: _____

☐ Has the provider submitted clinical rationale if a pregnant member is receiving long-acting opioid or more than 7-day supply of a short-acting opioid? ☐ Yes ☐ No

Clinical Rationale: _____

☐ Has the provider submitted clinical rationale for members exceeding formulary quantity limits or Utah Medicaid Morphine Milligram Equivalent (MME) limit of 90 MME/day:

Clinical Rationale: _____

☐ Has the provider submitted **details of an opioid taper plan** or rationale for not having a taper plan in place?: ☐ Yes ☐ No

Clinical Rationale: _____

Opioid and Benzodiazepine Combination: FDA Black Box Warning

☐ Has the provider submitted clinical rationale and diagnosis for the member receiving concomitant benzodiazepine and opioid within the past 45 days? ☐ Yes ☐ No

☐ Most recent opioid prescription information: Date Prescribed: _____
Medication Name and Strength: _____ Quantity/Day Supply: _____

☐ Most recent benzodiazepine prescription information: Date Prescribed: _____
Medication Name and Strength: _____ Quantity/Day Supply: _____

Non-Preferred Opioids: *(Criteria above must also be met)*

☐ Has the member tried and failed a preferred (formulary) opioid in the same class with appropriate dose and duration? Medication(s): _____

Duration of Use: _____ Details of Failure: _____

_____

☐ Has the provider submitted clinical rationale for prescribing the non-preferred product? (i.e. adverse reaction, allergy, or contraindication to preferred product)

☐ Yes ☐ No Clinical Rationale: _____

Methadone Criteria for Approval: *(Minimum age requirement: 18 years old)*

☐ Is the patient an infant discharged from the hospital on a methadone taper (less than 1 year of age)?

☐ Yes ☐ No (If yes, please sign and submit, no further information required)

☐ Is the patient currently taking any of the following? (Please select all that apply)

☐ Single active ingredient immediate release (IR) or extended release (ER) opioids

☐ Benzodiazepines ☐ Barbiturates ☐ Centrally-Acting Skeletal Muscle Relaxants

☐ Gabapentinoids

☐ Can the prescriber attest to assessing the following FDA black boxed warnings:

- **ADDICTION, ABUSE AND MISUSE:** methadone exposes users to risks of addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk before prescribing and monitor regularly for development of these behaviors or conditions.
- **LIFE-THREATENING RESPIRATORY DEPRESSION:** Serious, life-threatening, or fatal respiratory depression may occur. Monitor closely, especially upon initiation or following a dose increase.
- **ACCIDENTAL INGESTION:** Accidental ingestion of methadone, especially in children, can result in fatal overdose of methadone.
- **LIFE-THREATENING QT PROLONGATION:** QT interval prolongation and serious arrhythmia (torsades de pointes) have occurred during treatment with methadone.
- **NEONATAL OPIOID WITHDRAWAL SYNDROME:** Prolonged use of methadone during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated. If opioid use is required for a prolonged period in a pregnant woman, advise the patient of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available

Is the member taking methadone for the treatment of chronic pain only? ☐ Yes ☐ No
Document fill date of the member's last opioid prescription: _____

☐ Please document the fill date of the member's last benzodiazepine prescription: _____

_____

Does the member receive buprenorphine, naloxone, naltrexone or combination thereof concurrently? ☐ Yes ☐ No

For prescriptions > 50 MME/day AND/OR taking with dangerous combinations (e.g. benzodiazepines): Can the prescriber attest that an opioid overdose reversal medication (e.g. naloxone, nalmefene) was prescribed, the patient was counseled, and overdose prevention education was provided? ☐ Yes ☐ No

Prescriber Criteria:

☐ Does the prescriber attest a treatment plan outlining goals that address that benefits and harm has been established with the patient, including each of the following bullets along with a SIGNED agreement with the patient? ☐ Yes ☐ No

a. Established expected outcome and improvement in both pain relief and function, as well as limitations (i.e., function may improve yet pain persists OR pain may never be totally eliminated)

b. Established goals for monitoring progress toward patient-centered functional goals; (e.g. walking around the block, returning to part-time work, attending family sports or recreational activities, etc.)

c. Evaluation of goals for pain and function, how opioid therapy will be evaluated for effectiveness and the potential need to discontinue if ineffective

d. Educate patient on serious adverse effects of opioids (including fatal respiratory depression and opioid use disorder, altered ability to safely operate a vehicle)

e. Emphasize common side effects of opioids (constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, withdrawal)

☐ Does the prescriber attest to being confident and familiar with the pharmacokinetic profile of methadone OR to having consulted with a prescriber with expertise in methadone prescribing?

Has the prescriber completed a baseline electrocardiogram (ECG) and plans to monitor at least annually? ☐ Yes ☐ No

Has the prescriber completed a urine drug screen (UDS) at least annually? ☐ Yes ☐ No

Note:

- This PA form is for the treatment of chronic pain only. Methadone used for the treatment of opioid use disorder should be administered through a treatment facility and billed through the medical benefit as part of comprehensive MAT.
- This PA does NOT override existing opioid limits.
- The max dose per day that can be approved for non-cancer pain is 20mg.

Molina Healthcare of Utah
Opioid Prior Authorization Request Form
Medicaid
Phone Number: (855) 322-4081

Provider attests to all of the following:

- ☐ Provider has a signed opioid treatment agreement with the member.
- ☐ Provider has assessed opioid abuse risk with a validated risk assessment tool, such as Opioid Risk Tool (ORT), Current Opioid Misuse Measure (COMM), or Patient Medication Questionnaires (PMQ)
- ☐ Provider has checked the Utah's Controlled Substance Database with each opioid prescription.
- ☐ Provider has discussed the medication's benefits and potential harms, including combining opioids with other CNS depressants with the member.
- ☐ Provider has counseled members with high-risk conditions (sleep apnea, pregnancy, mental health conditions, substance abuse disorders, or children) on the heightened risk of using opioids.
- ☐ Provider has completed a urine drug test for chronic opioid use (duration of >3 months) excluding pain management related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care.
- ☐ Member has received naloxone education and prescription as appropriate.

REAUTHORIZATION CRITERIA

Has the member had clinically significant improvement as shown by the specific appropriate monitoring parameters and/or improvement in symptoms? ☐ Yes ☐ No
Chart note page# _____

Has the provider submitted details of an opioid taper plan or rationale for not having a taper plan in place? ☐ Yes ☐ No Clinical Rationale: _____

PROVIDER CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge and this treatment is indicated, necessary and meets the guidelines for use.

_____ _____

Prescriber's Signature Date

Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.