

**Aetna Better Health® of Virginia REQUEST FORM**

**SHORT AND LONG-ACTING OPIOIDS**

**Fax back to 1-855-799-2553**

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

**MEMBER INFORMATION**

**Last Name:**

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**First Name:**

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**Medicaid ID Number:**

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**Date of Birth:**

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**Gender:** ☐ Male ☐ Female

**Weight in Kilograms:** \_\_\_\_\_

**PRESCRIBER INFORMATION**

**Last Name:**

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**First Name:**

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**NPI Number:**

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**Phone Number:**

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**Fax Number:**

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**DRUG INFORMATION**

**This REQUEST is for:** ☐ Short-Acting Opioid ☐ Long-Acting Opioid ☐ BOTH (check all that apply)

Service Authorization is required for:

1. All Long-Acting Opioids
2. Any Short-Acting Opioid prescribed for > 7 days or two 7-day supplies in a 60-day period. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days.
3. Any cumulative opioid prescription exceeding 90 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug.

**Long-Acting Opioids (LAOs):** LAOs are indicated for members with chronic, moderate to severe pain who require daily, around-the-clock opioid treatment and require a PA. Consider non-pharmacologic and non-opioid pain treatments prior to treatment with opioids. Members should be considered for buprenorphine analgesic treatment with either topical patch since this product has a ceiling effect with less risk of respiratory depression than other opioids.

*(Form continued on next page.)*







