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:	First Name:
Medicaid ID Number:	Date of Birth:
Gender: Male Female	Weight in Kilograms:
PRESCRIBER INFORMATION	
Last Name:	First Name:
NPI Number:	
Phone Number:	Fax Number:
DRUG INFORMATION	
This REQUEST is for: Short-Acting Opioid Service Authorization is required for:	ong-Acting Opioid BOTH (check all that apply)
1. All Long-Acting Opioids	
 Any Short-Acting Opioid prescribed for > 7 day BOM Regulations limit the treatment of acute 	ys or two 7-day supplies in a 60-day period. The Virginia pain with opioids to 7 days.
 Any cumulative opioid prescription exceeding Quantity limits apply to each drug. 	90 morphine milligram equivalents (MME) per day.
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(Form continued on next page.)	

Member's Last Name:										 Member's First Name:													

Drug 1	Drug 2
Drug Name/Form:	Drug Name/Form:
Strength:	Strength:
Dosing Frequency:	Dosing Frequency:
Length of Therapy:	Length of Therapy:
Quantity per Day:	Quantity per Day:

Alternative Therapy to Schedule II Opioids. Based on the Virginia Board of Medicine's Opioid Prescribing Regulations, Opioids are NOT recommended as first line treatment for acute or chronic pain. For additional information, please see VA Board of Medicine Regulations: http://www.dhp.virginia.gov/medicine/

Preferred Pain Relievers available without PA include NSAIDS topical and oral, SNRIs, Tricyclic Antidepressants, Gabapentin, Baclofen, Capsaicin topical cream 0.025%, Lidocaine 5% Patch and Pregabalin (Lyrica®). Consider alternative therapies to Schedule II opioid drugs due to their high potential for abuse and misuse. A complete list of covered drugs can be found at:

https://www.aetnabetterhealth.com/virginia/providers/pharmacy/

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		Other	·:																				
Length of authorization: 6 months based on the following diagnosis (please check all that apply):																							
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Member's Last Name:												Member's First Name:											
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Submission of documentation does NOT guarantee coverage.