

## 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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.)*







