

SHORT AND LONG-ACTING OPIOIDS Prior Authorization (PA) Form

Virginia | HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

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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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.)

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Prescriber signature (required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.
Submission of documentation does NOT guarantee coverage.

The completed form may be faxed to **844-512-7020**.