



Request for Prior Authorization
SHORT ACTING NARCOTICS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for all non-preferred short acting narcotics. Payment will be considered for cases in which there is documentation of previous trials and therapy failures with three (3) chemically distinct preferred short acting narcotics (based on narcotic ingredient only) at therapeutic doses, unless evidence is provided that the use of these products would be medically contraindicated.

Preferred (*Please refer to the PDL for a complete list of preferred alternatives)

- Acetaminophen/Codeine Oxycodone /APAP (5/325)
Hydrocodone/APAP
Hydromorphone Tab Oxycodone/ASA
Meperidine Tab Tramadol
Morphine Sulfate Tab
Oxycodone Cap/Tab

Non-Preferred

- Butalbital/APAP/Caff/Codeine
Butalbital/ASA/Caff/Codeine
Combunox
Hydrocodone/APAP (5/300, 7.5/300, 10/300)
Hydrocodone/Ibuprofen
Hydromorphone Inj
Meperidine Syp/Inj
Nucynta
Opana
Oxycodone/APAP (7.5/325, 10/325)
Primlev
Roxicodone
Xodol
Other (specify)

Table with columns: Strength, Dosage Instructions, Quantity, Days Supply

Diagnosis:

Preferred Trial 1: Drug Name Strength Dosage Instructions

Trial start date: Trial end date:

Specify failure:

Preferred Trial 2: Drug Name Strength Dosage Instructions

Trial start date: Trial end date:

Specify failure:

Preferred Trial 3: Drug Name Strength Dosage Instructions

Trial start date: Trial end date:

Specify failure:

Reason for use of Non-Preferred drug requiring prior approval:

Other medical conditions to consider:

Attach lab results and other documentation as necessary.

Form with fields for Prescriber signature (Must match prescriber listed above.) and Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.