



FLORIDA MEDICAID PRIOR AUTHORIZATION

OPIOID AGENTS

LENGTH OF APPROVAL: UP TO 3 MONTHS

Note: Form must be completed in full.
An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Grid for Prescriber License #

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

- SHORT-ACTING OPIOID LONG-ACTING OPIOID BOTH (check all that apply)

Drug, Dose and Directions:

Diagnosis:

Provider's Specialty (or consultation with a specialist):

Physician must submit all supporting documentation including lab results (e.g. urine drug screens [UDS]).

- 1. Trial and failure of other medications prior to prescribing short-acting opioids: (check all that apply)
2. Any requests for post-operative, short-acting opioids cannot exceed a 7-day supply without medical justification.
3. Long acting opioids are indicated for chronic, moderate to severe pain who require around-the clock opioid analgesic...
4. If the request is for a non-preferred agent, trial and failure of preferred agent(s) is required...

Empty box for additional information

Mail or Fax Information to:
Magellan Medicaid Administration, Inc.
Prior Authorization
P. O. Box 7082
Tallahassee, FL 32314-7082
Phone: 877-553-7481
Fax: 877-614-1078



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5. What is the daily morphine milligram equivalent (MME) of the prescribed medication(s)?

_____. If patient is treatment naïve, MME exceeding 90, will not be approved.

6. Did the prescriber review the Prescribed Drug Monitoring Program prior to prescribing this opioid medication?

YES NO

If no, please explain why:

7. Submission of a patient-prescriber pain management, opioid treatment signed agreement is required for chronic pain patients.

8. When is the next office visit scheduled for the patient with chronic pain? _____

9. Has the prescriber ordered and reviewed a UDS test for new chronic pain patients prior to initiation of opioid therapy?

YES NO

If no, please explain why:

Continuation of Ongoing Therapy:

1. Has the prescriber ordered and reviewed a UDS test for patients with chronic pain to ensure compliance of opioid therapy?

YES NO

2. When is the next office visit scheduled for the patient? _____

****Clinicians should consider offering naloxone to patients with an increased risk of opioid overdose****

I certify that the benefits of opioid treatment for this patient outweighs the risk of treatment.

Prescriber's Signature _____ **Date:** _____

REQUIRED FOR REVIEW: Copies of medical records (e.g., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs). **The Providers must retain copies of all documentation for five years.**