



FLORIDA MEDICAID PRIOR AUTHORIZATION
OPIOID AGENTS

LENGTH OF APPROVAL: UP TO 3 MONTHS

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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

Recipient's Full Name:

[Grid for Recipient's Full Name]

Recipient's Medicaid ID#:

[Grid for Recipient's Medicaid ID#]

Date of Birth (MM/DD/YYYY):

[Grid for Date of Birth]

Prescriber's Full Name:

[Grid for Prescriber's Full Name]

Prescriber's NPI:

[Grid for Prescriber's NPI]

Prescriber Phone Number:

[Grid for Prescriber Phone Number]

Prescriber Fax Number:

[Grid for Prescriber Fax Number]

- Short-Acting Opioid Long-Acting Opioid Both

Drug Name: _____

Drug Strength: _____

Dose: _____

Directions: _____

Diagnosis: _____

Prescriber's Specialty (or consultation with a specialist): _____

1. There was a trial and failure of the following medication(s) prior to prescribing short-acting opioids (check all that apply):

- Baclofen NSAIDs (oral) Tricyclic antidepressant (e.g., amitriptyline)

- Lyrica Duloxetine Other: _____

- Any requests for post-operative, short-acting opioids cannot exceed a 7-day supply without medical justification.
Long-acting opioids are indicated for patients with chronic, moderate to severe pain who require around-the-clock opioid analgesics. Supporting documentation of a minimum two-month trial of short-acting opioid use is required.

2. If the request is for a non-preferred agent, trial and failure of preferred agents is required. Medical records documenting trials are also required. List the names of the medications, strength, frequency, length of trials, and rationale for discontinuation.

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

- If patient is treatment-naïve (MME exceeding 90), PA will not be approved.

(Form continued on next page.)

