



Request for Prior Authorization Initial Days' Supply Limit Override

**FAX Completed Form
To**
I (800) 574-2515
Provider Help Desk
I (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Patient name	DOB
Patient address		
Provider NPI _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Pharmacy fax	NDC _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Requests for medications exceeding the initial days' supply limit require prior authorization (PA). Payment will be considered under the following conditions:

1. Patient has an FDA approved or compendia indication for the requested drug; and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Medical rationale for exceeding the initial days' supply limit is provided; and
4. Requests for opioids exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life palliative care, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents (MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate, additional, PA is required. Please reference and use the following PA forms at www.iowamedicaidpdl.com where appropriate:
 - i. Quantity Limit Override Form (exceeds established quantity limit)
 - ii. High Dose Opioid PA Form (exceeds established MME limit)
 - iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)
 - iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or
5. Requests for benzodiazepines exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, end-of-life/palliative care, seizure disorder, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. For patients taking concurrent opioids, the prescriber must document the following:
 - i. The risks of using an opioid and benzodiazepine concurrently have been discussed with the patient; and
 - ii. Documentation is provided as to why concurrent use is medically necessary; and
 - iii. A plan to taper the opioid is provided, if appropriate; and
 - c. Request must meet all other benzodiazepine requirements (quantity limit, PDL, etc.). If requests do not comply with these requirements, separate, additional prior authorization is required. Please use the following PA forms at www.iowamedicaidpdl.com where appropriate:
 - i. Benzodiazepines (non-preferred benzodiazepine)
 - ii. Quantity Limit Override (as posted at www.iowamedicaidpdl.com under Billing/Quantity Limits); and
6. Requests for drugs or drug classes subject to the initial days' supply limit not listed above, will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

Drug Name	Strength	Dosing Instructions	Quantity

Diagnosis: _____



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Medical Necessity Documentation for Override of Initial Days' Supply: _____

Requests for Benzodiazepines:

Has patient been informed of the risks of using an opioid and benzodiazepine concurrently? Yes No

Document medical necessity of concurrent opioid and benzodiazepine use: _____

Provide plan to taper the opioid, if appropriate: _____

Prescriber signature (Must match prescriber listed above.)	Date of submission
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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.