Prior Authorization Request
Nevada Medicaid – OptumRx

Opioid Quantity Limit

Submit fax request to: 855-455-3303
Purpose: For a prescribing physician to request prior authorization to exceed the maximum allowed opioid dosage.
Questions: If you have questions, call the OptumRx Call Center for Nevada Medicaid at 855-455-3311.

DATE OF REQUEST:	
RECIPIENT INFORMATION	
Last Name:	First Name:
Recipient ID:	DOB:
PRESCRIBER INFORMATION	
Last Name:	First Name:
NPI:	Specialty:
Phone:	Fax (required):
Person to contact regarding this request:	
MEDICATION INFORMATION	
Drug Name and Strength:	
Quantity:	Dosing:
Diagnosis:	Duration:

COVERAGE CRITERIA

Check all the applicable boxes to indicate each item as true for the recipient:

Must meet <u>all</u> of the following:

- ☐ Recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber.
- ☐ Pain cannot be controlled through the use of non-opioid therapy (APAP, NSAID's, Antidepressants, anti-seizure medications, physical therapy, etc.).
- ☐ The lowest effective dose is being requested.
- ☐ A pain contract is on file.

OR

Must meet <u>one</u> of the following:

- ☐ Recipient has cancer/malignancy related pain.
- ☐ Recipient is post-surgery with an anticipated prolonged recovery (greater than three months).
- ☐ Recipient is receiving palliative care.
- ☐ Recipient is residing in a long-term care facility.
- ☐ Recipient is receiving treatment for HIV/AIDs.
- ☐ Prescription is written by or in consultation with a pain specialist.

PROVIDER CERTIFICATION – *Prescriber's signature and date required.*

I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Nevada Medicaid.

Prescriber's Signature: _____ Date:_____