

## Prior Authorization Form Acute Opioid Use Up to 15-Day Supply

Access this PA form at: <https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/prescriber/prior-authorization-forms/Acute%20Opioid%20PA%20Form.pdf>

If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

Member Information (required)			Prescriber Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NP#:	DEA#:	
Date of Birth:			Specialty:		
Street Address:			Office Phone:	Office Fax:	
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
			Is the prescriber a TennCare provider with a Medicaid ID? <b>Yes No</b>		
			Is the prescriber a single-patient contract holder for this patient? <b>Yes No</b>		

**TennCare Rule: 1200-13-13-.04(1)(c)12** confines acute narcotic prescription coverage for non-chronic opioid users up to a maximum of 15 days in any 180-day period not to exceed 60 MME per day. The first-fill prescription cannot exceed 5-days. Prior Authorization is required for all subsequent acute prescriptions after the first-fill. Information and separate PA forms for clinical exceptions (e.g. burn or corrosion, sickle cell disorder, use in LTC facilities, and cancer undergoing active treatment, hospice care) can be found on the OptumRx TennCare website at: [https://optumrx.com/oe\\_tennCare/prescriber](https://optumrx.com/oe_tennCare/prescriber)

<b>Requests for Acute Opioid Users are limited to 60 MME/day.</b>	
Go to the following link to see the most current Morphine Milligram Equivalent Conversion Chart: <a href="https://optumrx.com/oe_tennCare/prescriber">https://optumrx.com/oe_tennCare/prescriber</a>	
<b>Drug Name:</b> _____ Preferred agents: codeine/APAP, Endocet, hydrocodone/APAP, hydrocodone/IBU, hydromorphone, morphine IR, oxycodone, oxycodone/APAP, tramadol <input type="checkbox"/> *Non-preferred agent (specify) here: _____	Please calculate all short-acting narcotic agents and dosages with MME conversion (see link above) that the patient may be receiving below to obtain the total daily MME amount. <b>Daily MME Formula:</b> (MME/Unit x # Units for Prescription)/Day's Supply of Prescription
<b>Strength:</b>	PLEASE LIST all Short and Long-acting opioids patient is currently taking: Drug Name; strength _____ Daily MME _____  Drug Name; strength _____ Daily MME _____  Drug Name; strength _____ Daily MME _____  Drug Name; strength _____ Daily MME _____  <input type="checkbox"/> <b>Total Daily MME patient currently receiving for all opioid agents:</b> _____
<b>Directions:</b>	
<b>Quantity Requested:</b>	

\*With the exception of the "Branded Drugs Classified as Generics" list, TennCare is a mandatory generic program in accordance with state law (TCA 53-10-205). Approval of NP agents requires trial and failure, contraindication, or intolerance of 2 preferred agents, unless otherwise indicated on the PDL. <https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/prescriber/prior-authorization-forms/Acute%20Opioid%20PA%20Form.pdf>

