



## OPIOID PRIOR AUTHORIZATION

RETURN TO: ATTN: DRUG PRIOR AUTHORIZATION  
MO HEALTHNET DIVISION  
PO BOX 4900  
JEFFERSON CITY, MO 65102-4900

**Please print or type. All information must be supplied or the request will not be processed. Attach another sheet if additional documentation is required. For drug specific requirements or questions, call (800) 392-8030. Submit completed form by fax to (573) 636-6470.**

### Participant Information

Participant Name	<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal Request
Participant MO HealthNet Number	Date of Birth

### Requested Drug and Diagnosis Information

**If there is a generic available and this request is for a brand name drug, complete the Request for Brand Name Drug Prior Authorization form.**

What is the requested drug name, strength and dosing form?

What are the requested directions?

What is the diagnosis for use of this drug?

ICD-10 Code

Date Diagnosis Established

If cancer, what is the location?

If cancer, what is the current treatment protocol?

Is the patient currently taking the requested drug?

☐ Yes ☐ No

Date Drug First Used

Duration of Need

Current total drug regimen (Include dosing schedule)

What alternative therapies have been tried? (Include dates and detailed reason alternatives were discontinued or not utilized)

What is the plan to reduce the amount of opioids prescribed (i.e., tapering schedule)?

What is the plan for this patient in case of an overdose?

How often is the patient seen and assessed by the prescriber?

Is there a pain contract in place (which includes one prescriber, consequences if violated, lost meds, no early fills, informed consent, etc.)?  
☐ Yes ☐ No

How often are random drug screens and pill counts being done?

**Prescriber Information**

Prescriber name and specialty

Prescriber Provider NPI

Prescriber Telephone Number

Prescriber Fax Number

Prescriber Other contact info:

Name, title and credentials of person completing form

Telephone Number of person completing form

Fax Number of person completing form

Other contact info of person completing form:

Signature of person completing form

Date