AMIDA CARE LIVE LIFE PLUS

PRIOR AUTHORIZATION REQUEST FOR MEDICAID MEMBERS

Prior Authorization for New Start on Methadone

Please fax form to Amida Care: 1-646-786-0997

PRESCRIBER INFORMATION	MEMBER INFORMATION
Prescriber Name:	Member Name:
NPI:	Amida Care ID #:
Office Phone #:	Member Date of Birth:
Office Fax #:	Member Phone #:
Office Address:	Member Address:
Contact Person:	
Please provide **DIRECT CONTACT INFORMATION**. Delays in contacting the prescriber may result with delays in obtaining the medication.	

MEDICATION REQUESTED

Start Date of Treatment: ___/__/____
Duration of treatment: _____
Prescriber Specialty: _____

Medication/s Requested :

- ☐ Methadone 5mg Quantity: _____
- ☐ Methadone 10mg Quantity: _____

MEDICAL DIAGNOSIS AND CLINICAL CRITERIA

Please provide indication for treatment:

- ☐ Chronic pain (answer questions **1-3**)
  DX: _____
- ☐ Oncology Pain (answer questions **1-3**)
  DX: _____
- ☐ Detoxification and maintenance treatment of opioid addiction (**STOP HERE, sign at the bottom of the form**)

***1 Please indicate if the patient is on an opioid (long-acting and short-acting), narcotic analgesic, sedative hypnotic, benzodiazepine, or stimulant.**

Medication	Duration/ Year	Outcome of TX
	/	
	/	
	/	
	/	

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***2 Is there a treatment tapering plan once optimal dose is achieved if coverage approval is obtained?**

_____

_____

***3 Is the patient currently enrolled in any Opioid Treatment Program? Yes / No**

If so, please provide the name/contact information of the program.

_____

_____

Prior to making a coverage determination we would like to speak to the requesting prescriber by telephone in order to collect some additional information that might help us as we try to manage this therapy in the most efficient way possible. Please call 646-757-7979, M-F, 9 - 6 PM. You may also provide us with your contact information and the best time to reach you in the space designated at the top of this document.

_____ _____

Prescriber or Authorized Signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.