AMIDA CARE LIVE LIFE PLUS

PRIOR AUTHORIZATION REQUEST FOR MEDICAID MEMBERS

Methadone Quantity Limit Exception

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: _____

Medication/s Requested :

- ☐ Methadone 5mg
- ☐ Methadone 10mg

Methadone Quantity Limit
5mg (Up to 8 tablets or 40mg per day) **240/30 days**
10mg (Up to 4 tablets or 40mg per day) **120/30 days**

***Please Indicate quantity of Methadone Requested: _____**

MEDICAL DIAGNOSIS AND CLINICAL CRITERIA

Please indicate the Diagnosis code/description for use of Methadone

DX code/description: _____

How long has the patient been on Methadone? _____

Prescriber specialty: _____

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What is the dose tapering plan for the patient?

_____

_____

Please indicate if the patient is on a narcotic analgesic, sedative hypnotic, benzodiazepine, or stimulant.

Medication	Duration/ Year	Outcome of TX
	/	
	/	
	/	

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.