

## Cumulative Morphine Equivalent Dose (MED) Exceptions Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	ZIP:	Office Street Address:		
Phone:			City:	State:	ZIP:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
			Directions for Use:		
Clinical Information <small>(required)</small>					
1. Does the provider confirm that replacement prescription(s) of opioid medication(s) is needed because the patient is physically changing locations and cannot take his/her prescription along [such as admission to a long-term care (LTC) facility]?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are opioids being used for the management of cancer pain or sickle cell pain?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the patient currently enrolled in hospice?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the prescriber attest that in his/her clinical judgment, the requested dose exceeding the current cumulative morphine equivalent dose (MED) threshold is medically required? If yes, please specify: _____ _____ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Information on this form is accurate as of this date.*

<b>Prescriber's Signature:</b>	<b>Date:</b>
--------------------------------	--------------

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

---

Please note:    **This request may be denied unless all required information is received.**  
 For more information about the prior authorization process, please contact us at 855-811-2218.  
 Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern