

Request for Prior Authorization Initial Days' Supply Limit Override

Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB	
Patient address			
Provider NPI	Prescriber name	Phone	
Prescriber address		Fax	
Pharmacy name	Address	Phone	
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.			
Pharmacy NPI	Pharmacy fax		
Requests for medications exceeding the initial days' supply limit require prior authorization (PA). Payment will be			
considered under the following conditions: 1. Diagnosis is provided; and			
 Diagnosis is provided, and Medical rationale for exceeding the initial days' supply limit is provided; and 			
3. Requests for opioids exceeding the 7 day initial supply limit will be considered:			
a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life palliative			
care, or on an individual case-by-case basis based on medical necessity documentation provided;			
and b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents			
(MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate,			
additional, PA is required. Please reference and use the following PA forms at			
www.iowamedicaidpdl.com where appropriate:			
i. Quantity Limit Override Form (exceeds established quantity limit)			
ii. High Dose Opioid PA Form (exceeds established MME limit)			
iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)			
iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or 4. Requests for non-opioid drugs subject to the initial days' supply limit will be considered on an individual			
	i medical necessity documenta		
case-by-case basis, based of	i medical necessity documenta	lion provided.	
Drug Name Stren	igth Dosing Inst	ructions Quantity	
<u> </u>			
Diagnosis:			
Medical Necessity Documentation	n <u>:</u>		

Prescriber signature (Must match prescriber listed above.)	Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.