Underutilization
Prior Authorization Form

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name	**Recipient Date of Birth**	Recipient Medicaid ID Number	
Prescriber Name	**(SAMHSA ID-X DEA Number)**		
Prescriber NPI	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage:	**FDA Approved Indication for this request:**		

Has a contract between the prescriber and member been signed?
□ YES □ NO
Does the prescriber perform routine drug screens?
□ YES □ NO
Does the prescriber routinely check the PDMP system?
□ YES □ NO
Does the patient have access to naloxone rescue therapy?
□ YES □ NO
Is the patient pregnant or breastfeeding? Due date, if pregnant: _____
□ YES □ NO
Has the patient experienced a gap in therapy? **Please, fill out page 2 to request override for underuse rejection. *****
□ YES □ NO

☐ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Prescriber (or Staff) / Pharmacy Signature**	Date

**: *By completing this form, I hereby certify that the above request is true, accurate and complete. That the request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.*

Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Opioid Use Disorder Medications Gap in therapy***	
What is the reason for the gap in therapy?	
☐ **Non-adherence**	Identified adherence barriers:
	Treatment plan adjustments to improve adherence:
☐ **Other (please explain – e.g., hospitalization, eligibility, etc.):**	
Has the patient been re-assessed for readiness of treatment?	
Why isn't the patient a candidate for a long-acting injectable buprenorphine product?	
Has the patient been counseled regarding the increased risk of overdose during relapse (due to decreased tolerance during periods of treatment) if they go back to the same dose of the drug of abuse?	