AmeriHealth Caritas™
New Hampshire

Morphine Milligram Equivalent (MME)

Prior Authorization Drug Approval Form

Date of medication request: (MM/DD/YYYY): ____ / ____ / ______

Patient information and medication requested	
Patient's name:	Medicaid number:
Date of birth:	Gender:
Drug name:	Strength:
Dosing directions:	Length of therapy:

Prescriber information		
Prescriber last name:		Prescriber first name:
Prescriber address:		Prescriber representative:
Specialty:		NPI number:
Phone #:	Fax #:	Medicaid Provider number:

Clinical history
1. Is the prescriber a pain specialist, specialist within the same organ system as the primary pain diagnosis, or has one been consulted in this case?: ☐ Yes ☐ No
2. For what condition is this medication being prescribed? a. Select all that apply: ☐ Pain associated with cancer, hospice, or end of life ☐ Pain associated with acute sickle cell disease ☐ Moderate-to-severe pain that requires continuous pain control for at least 10 days
3. Is the patient 18 years of age or older? ☐ Yes ☐ No
4. Has the patient failed or had an adequate trial of a lower MME dose? ☐ Yes ☐ No a. If yes, list treatment failures and provide dates:
5. Do you attest that the NH Prescription Drug Monitoring Program has been reviewed in the last 60 days? ☐ Yes ☐ No
6. Does the patient have a written pain agreement? ☐ Yes ☐ No
7. Does the patient have a history of severe asthma or other lung disease? ☐ Yes ☐ No
8. Will the patient require concurrent therapy with a benzodiazepine, sedative hypnotic or barbiturate? ☐ Yes ☐ No
9. Will the patient will be prescribed concurrent naloxone? ☐ Yes ☐ No
Provide any additional information that would help in the decision-making process. If additional space is needed, please use a separate sheet.

Signature of prescriber:______________________________ Date: ______________
(prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.