South Dakota Department of Social Services

Please note: All information below is required to process this request.
**Fax to 1-844-403-1029**
**Mon-Sat: 7am to 7pm Central**

# Morphine Equivalent Dose (MED) Limit Prior Authorization Request Form

**DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED**

| Member Information (required) | | | Provider Information (required) | | |
|---|---|---|---|---|---|
| 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 (required)

| Medication Name: | Strength: | Dosage Form: |
|---|---|---|
| ❑ Check if requesting **brand** | Directions for Use: | |
| ❑ Check if request is for **continuation of therapy** | | |

## Clinical Information (required)

**Clinical information:**

Does the patient have a diagnosis of cancer in the past 365 days? ❑ **Yes** ❑ **No**

Does the patient have a diagnosis of a terminal illness? ❑ **Yes** ❑ **No**

Does the patient have an illness associated with significant pain (e.g., sickle cell anemia, etc)? ❑ **Yes** ❑ **No**
If **yes**, please list the diagnosis: _____

Does the patient have an injury associated with significant pain? ❑ **Yes** ❑ **No**
If **yes**, please list the diagnosis: _____

Have efforts been made to taper the patient to the lowest effective dose? ❑ **Yes** ❑ **No**
If **yes**, please provide documentation: _____

_____

_____

**Reauthorization:**

**If this is a reauthorization request, answer the following:**

Is the prescriber maintaining the most conservative, effective treatment? ❑ **Yes** ❑ **No**
If **yes**, please provide documentation: _____

_____

_____

**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 urgent or expedited requests please call 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.