



Multnomah Other Non-Formulary MAT Prior Authorization Request Form

This form is for behavioral health providers (not PCPs) to request approval of non-formulary medication assisted treatment (MAT) for members diagnosed with Opioid Use Disorders or Alcohol Use Disorders.

NOTE: PA not required for Methadone; Suboxone, Subutex, or Naltrexone Tablets; or Naltrexone injections (Vivitrol)

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Please complete all fields (for one medication) legibly and provide supporting medical records.

Please note that requests submitted after hours, on weekends, or holidays will be reviewed the next business day.

Member Information		
First Name:	MI:	Last Name:
Date of Birth:	Gender:	
Member ID:	Member Phone:	

Prescriber Information	
Prescriber Name:	Specialty:
NPI or DEA:	Office Phone:
Contact Person:	Office Fax:

Diagnosis and Medical Information Related to Request	
Note: PA is not required for Methadone; Suboxone, Subutex, or Naltrexone tablets, or Naltrexone injections (Vivitrol)	
Diagnoses:	
Medication:	<input type="checkbox"/> Buprenorphine / Naloxone Sublingual Film (Suboxone SL Film)
	<input type="checkbox"/> Other:
Dosage/Route of Administration:	
Frequency:	Quantity:
<input type="checkbox"/> New Medication / Medication Start Date:	

Expected Length of Therapy:
Drug Allergies:
Other Health Conditions:

Rationale for Request of Prior Authorization

List all alternate drugs previously tried, but with adverse outcomes (e.g. toxicity, allergy or therapeutic failure) below:

Drug Tried	Adverse Outcomes	Dose & Duration
1)	1)	1)
2)	2)	2)
3)	3)	3)

Clinical rationale for treatment and statement of medical necessity (attach supporting medical records):

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Pertinent laboratory tests and results (attach copies of results):

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Prescriber's Signature: _____ **Date:** _____

Upon completion of this form, please submit, with all appropriate clinical documentation via **SECURE EMAIL** to: nimisha.gokaldas@multco.us

For Questions or Assistance, please contact:

Multnomah Other Billing Support: billing.multiother@multco.us

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