

Alabama Medicaid Pharmacy
Morphine Milligram Equivalents (MME) Cumulative Daily Override

FAX: (800) 748-0116
Phone: (800) 748-0130

Fax or Mail to
KEPRO

P.O. Box 3570
Auburn, AL 36831-3210

PATIENT INFORMATION

Patient Name _____ Patient Medicaid # _____
Patient DOB _____ Patient phone # with area code _____

PRESCRIBER INFORMATION

Prescriber name _____ NPI # _____ License # _____
Phone # with area code _____ Fax # with area code _____
Address (Optional) _____

I certify that I have not charged the patient cash for this office visit or for the treatment of this patient's pain management. I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I attest that all information included within this request is accurate. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.

Prescribing Provider Signature

Date

DRUG/CLINICAL INFORMATION

Drug Requested _____ Strength _____ Drug Code _____
Quantity Requested _____ Days' Supply for Quantity Requested _____ Date of Last Urine Drug Screen _____
Diagnosis/Specific Description of Pain/Medical Justification _____

Patients who do not meet specific chronic pain diagnosis requirements[^] but require an override must either:

- 1) Submit a tapering plan, or
- 2) for legacy patients for which tapering is not recommended, submit a pain care agreement/contract regarding mutual responsibilities (with an emphasis on functional improvement).

Required Questions Below (check yes or no):

Yes No

	Yes	No
Has the prescriber reviewed the patient's PDMP within the past 30 days prior to prescribing the requested medication?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient been educated on being a candidate to carry naloxone* and/or prescribed naloxone*?	<input type="checkbox"/>	<input type="checkbox"/>
For female patients, has the patient been counseled on the risk of being/ becoming pregnant while on the requested medication, including the risk of neonatal abstinence syndrome (NAS)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the prescriber counseled the patient on the risk of concurrent use of the requested medication with benzodiazepines, sedative/hypnotics, or barbiturates?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient currently suffer from respiratory depression, acute or severe bronchial asthma, or hypercarbia?	<input type="checkbox"/>	<input type="checkbox"/>

[^]General pain diagnoses will not be approved

* Per CDC Guidelines for Prescribing Opioids for Chronic Pain, before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

DISPENSING PHARMACY INFORMATION

May Be Completed by Pharmacy

Dispensing pharmacy _____ NPI # _____
Phone # with area code _____ Fax # with area code _____