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)

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:	
Member's Health Share Behavioral Health Plan *(please select one)*:		
☐ Multnomah County Behavioral Health Plan		
☐ Clackamas County Behavioral Health Plan		
☐ Washington County Behavioral Health Plan		

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

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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:	☐	Buprenorphine / Naloxone Sublingual Film (Suboxone SL Film)
	☐	Other:
Dosage/Route of Administration:		
Frequency:		Quantity:
☐ 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):

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 County Member Services: 503-988-5887

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