Prior Authorization Request Form for Long-Acting Opioid Analgesics

FAX this completed form to (844) 205-3386
OR Mail requests to: Pharmacy Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720
OR Prior authorization may be completed at https://www.covermymeds.com/main/prior-authorization-forms/

☐New request ☐Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Member name:		City/state/zip:	
Member ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	Formulation (capsule, tablet, etc.):
Directions:		Weight (if <21 years of age):
Quantity per fill: _____ to last _____ days		Requested duration:
Diagnosis *(submit documentation)*:		Dx code (*required*):

- **Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.**
- **Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone free-of-charge through their prescription drug benefit.**

Complete all sections that apply to the member and this request.
Check all that apply and submit documentation for each item.

Quantity Limit:
☐ If requesting for daily quantity exceeding daily limit (Refer to https://www.pahealthwellness.com/providers/pharmacy.html under PHW Quantity Limit List), please provide supporting information:_____

Therapeutic Duplication:
If concurrently prescribed a therapeutic duplicate (i.e. another long-acting opioid analgesic or dose different from the agent being requested):
☐ is being transitioned from one long-acting opioid analgesic to another with the intent of discontinuing one of the medications
☐ has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines. Supporting evidence:_____

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INITIAL requests

1. **For a non-preferred Analgesic, Opioid Long-Acting** *(See the Preferred Drug List for the list of preferred and non-preferred Analgesics, Opioid Long-Acting at: https://papdl.com/preferred-drug-list)*:
   - ☐ For a non-preferred product containing buprenorphine:
     - ☐ Tried and failed preferred Analgesics, Opioid Long-Acting containing buprenorphine:_____
     - ☐ Has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine
   - ☐ For a non-preferred product containing tramadol:
     - ☐ Tried and failed preferred Analgesics, Opioid Long-Acting containing tramadol:_____
     - ☐ Has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol
   - ☐ For all other non-preferred Analgesics, Opioid Long-Acting:
     - ☐ Tried and failed preferred Analgesics, Opioid Long-Acting:_____
     - ☐ Has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting

2. **For a member with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder (OUD) OR Vivitrol (naltrexone extended-release suspension for injection):**
   - ☐ Both prescriptions are prescribed by the same prescriber
   - ☐ Prescriptions are prescribed by different prescribers and all prescribers are aware of the other prescription(s)
   - ☐ Not applicable –member is not taking a buprenorphine agent indicated for the treatment of OUD or Vivitrol

3. **For all Analgesics, Opioid Long-Acting:**
   - ☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
   - ☐ Is receiving palliative care or hospice services
   - ☐ Has documentation of pain that is all of the following:
     - ☐ Caused by a medical condition:_____
     - ☐ Not migraine in type
     - ☐ Severe
   - ☐ Tried and failed non-opioid analgesics appropriate for the member's condition:
     - ☐ acetaminophen:_____
     - ☐ duloxetine (e.g., Cymbalta, Drizalma):_____
     - ☐ gabapentinoids (e.g., gabapentin, pregabalin [Lyrica]):_____
     - ☐ NSAIDs (e.g., ibuprofen, naproxen, meloxicam, etc.):_____
     - ☐ tricyclic antidepressants (e.g., amitriptyline, nortriptyline, etc.):_____
     - ☐ other (specify): _____
   - ☐ Has a contraindication or an intolerance to non-opioid analgesics appropriate for the member's condition:
     - ☐ acetaminophen:_____
     - ☐ duloxetine (e.g., Cymbalta, Drizalma):_____
     - ☐ gabapentinoids (e.g., gabapentin, pregabalin [Lyrica]):_____
     - ☐ NSAIDs (e.g., ibuprofen, naproxen, meloxicam, etc.):_____
     - ☐ tricyclic antidepressants (e.g., amitriptyline, nortriptyline, etc.):_____
     - ☐ other (specify): _____
   - ☐ Has documentation of a trial of short-acting opioids:_____
   - ☐ Is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equianalgesic dose of another opioid for one week or longer)
   - ☐ Was assessed by the prescriber for the potential risk of opioid misuse or opioid use disorder
   - ☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, **including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol**, that is consistent with prescribed controlled substances

4. **For a member with a concurrent prescription for a benzodiazepine:**
   - ☐ The benzodiazepine is being tapered
   - ☐ The opioid is being tapered
   - ☐ Concomitant use of the benzodiazepine and opioid is medically necessary
   - ☐ Not applicable – member is not taking a benzodiazepine

RENEWAL requests

1. **For <u>all</u> Analgesics, Opioid Long-Acting:**
   - ☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
   - ☐ Is receiving palliative care or hospice services
   - ☐ Experienced an improvement in pain control and/or level of functioning while on the requested medication
   - ☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse**, including specific testing for <u>oxycodone, fentanyl, buprenorphine, and tramadol</u>**, at least every 12 months that is consistent with prescribed controlled substances

2. **For a member with a concurrent prescription for a benzodiazepine:**
   - ☐ The benzodiazepine is being tapered
   - ☐ The opioid is being tapered
   - ☐ Concomitant use of the benzodiazepine and opioid is medically necessary
   - ☐ Not applicable – member is not taking a benzodiazepine

ADDITIONAL RATIONALE FOR REQUEST / PERTINENT CLINICAL INFORMATION

PLEASE <u>FAX</u> COMPLETED FORM WITH <u>REQUIRED CLINICAL DOCUMENTATION</u> TO 844-205-3386

Prescriber Signature:	**Date**:

Pharmacy Department will respond via fax or phone within 24 hours.
Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)