Pharmacy prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Opioid Exception

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Opioid Quantity Limits

- Per the Opioid Utilization Management Policy (policy 11/0129), the following limits on opioid coverage apply:
  - Patients are limited to a total of 120 MEqD per day (applies to commercial and Medicaid members)
  - Short-acting opioids are limited to an amount needed to last up to 15 days, with a maximum of two prescriptions within 3 months (90 days). (applies to commercial members)
- ***Please submit all relevant documentation, including chart notes, to support medical necessity for exceptions to either or both of the above limits.***
- Opioid medications subject to the 120 MEqD per day limit may also have individual drug quantity limits, step therapy, and other utilization management that also apply. Non-preferred long-acting opioids are subject to prior authorization for commercial individual members (PPACA).
- When approved, treatment will be authorized for the duration necessary to treat the patient's pain for up to a maximum of one year (12 months).

Opioid Regimen

1. Please specify the patient's TOTAL OPIOID PAIN MANAGEMENT REGIMEN below:

Drug Name	Strength	No. tabs/caps per 30 days

2. Specify the MEDICAL CONDITION for which the opioid medication is being prescribed:

_____

_____

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 11/2017
Last reviewed 07/2018

Is the medical condition ACUTE or CHRONIC?

☐ Acute (pain resulting from a recent event such as a surgical procedure or injury/trauma)
☐ Chronic (pain lasting more than 90 days)

FOR ACUTE or POST-OPERATIVE PAIN

1. When did the acute pain episode or procedure occur? _____
2. What non-drug therapies is the patient currently receiving? _____
   a. If not currently receiving any non-RX therapy, list rationale: _____
3. What non-opioid therapies is the patient currently receiving? _____
   a. If not currently receiving any non-opioid therapy, list rationale _____
4. What is the minimum duration the opioid is needed? _____
5. What are the tapering instructions for the opioid pain medication? _____

FOR CHRONIC PAIN

Documentation of the required criteria (i.e. medical records, etc.) must be submitted to Priority Health with this request form.

For MEqD per day GREATER than 50, patient must meet all of the following:

☐ An opioid treatment agreement is in place

☐ Member has a diagnosis of chronic pain due to a documented medical condition

☐ A dose taper or taper attempt is documented or valid clinical rationale as to why taper has not been attempted

☐ Member's pain management and function are routinely evaluated using validated tools (e.g. Pain, Enjoyment of Life, General Activity (PEG) Assessment Scale) at follow-up visits and show sustained improvement

☐ Non-drug therapy has been tried in the last 18 months or is contraindicated

☐ Non-opioid medications are being used concurrently (unless contraindicated) to reduce total opioid use

☐ Documentation to support clinical appropriateness and safety when concurrently using benzodiazepines, sedative-hypnotics, barbiturates, or other medications that may be harmful when used in combination with opioid medications.

☐ Member has been educated on naloxone

The following are not required, but are considered best practices for all members:

- Member is being managed by or in consultation with a pain specialist
- Routine urine drug screens are completed at least annually
- Member's MAPS report has been reviewed prior to prescribing

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For Commercial Optimized members, non-preferred long-acting opioids have additional prior authorization requirements as noted below.

Optimized Members – Non-preferred Long-acting Opioids Prior Authorization Criteria

Non-Preferred products

- ☐ Embeda (morphine ER/naltrexone)
- ☐ Xtampza ER (oxycodone ER)
- ☐ Zohydro ER (hydrocodone bitartrate)
- ☐ Belbuca (buprenorphine buccal tablet)
- ☐ oxymorphone ER
- ☐ buprenorphine transdermal patch
- ☐ Arymo ER (morphine ER)
- ☐ Hysingla ER (hydrocodone bitartrate)
- ☐ Nucynta ER (tapentadol ER)
- ☐ oxycodone ER
- ☐ hydromorphone ER

Preferred products (morphine ER, fentanyl patches, methadone, and OxyContin) do not have any specific coverage criteria.

Before a non-preferred long-acting opioid is covered, the patient must meet all of the following requirements:

1. Must first try two of morphine sulfate extended-release, fentanyl patch, or methadone in addition to OxyContin
   - The dose of the requested product cannot exceed the oral morphine equivalent dose (MEqD) of trialed medications. For example, if the member trialed morphine sulfate ER 15 mg tablets twice daily (30 MEqD), the amount requested of the new medication cannot exceed 30 MEqD per day.
2. Must be age 18 or older

Approval of the above *Precertification Requirements* does not guarantee coverage outside of set dosage limits[3]. Refer to *Dosage Limits* below for individual restrictions.

A. Has the patient tried two of the following: morphine ER, fentanyl patch, and methadone?

☐ Yes (list below) ☐ No

Drug	Dose	Dates	Outcome

B. Has the patient tried OxyContin?

☐ Yes (list below) ☐ No

Dose	Dates	Outcome

C. Does the requested dose exceed the MEqD of the previously trialed medications?

☐ Yes. *Rationale for use:* _____

☐ No.

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Additional information

[1]Oral morphine equivalent conversion factors may be found at the Centers for Medicare & Medicaid Services, located at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf.

[2] Regarding tapering of opioids, the CDC Guideline for Prescribing Opioids for Chronic Pain says the following, "…tapers reducing weekly dosage by 10%–50% of the original dosage have been recommended by other clinical guidelines, and a rapid taper over 2–3 weeks has been recommended in the case of a severe adverse event such as overdose. Experts noted that tapers slower than 10% per week (e.g., 10% per month) also might be appropriate and better tolerated than more rapid tapers, particularly when patients have been taking opioids for longer durations (e.g., for years)."

[3]Specific quantity limits by drug

OxyContin	# 60 per 30 days
tramadol ER	# 30 per 30 days; total max daily dose of 300 mg per day
fentanyl transdermal patch	# 20 per 30 days
Embeda	# 60 per 30 days
Arymo ER	# 90 per 30 days
Xtampza ER	# 60 per 30 days
Hysingla ER	# 30 per 30 days
Zohydro ER	# 60 per 30 days
Nucynta ER	# 60 per 30 days
Belbuca	# 60 per 30 days
buprenorphine transdermal patch	# 4 per 30 days
oxycodone ER	# 60 per 30 days
oxymorphone ER	# 60 per 30 days
hydromorphone ER	# 30 per 30 days

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