PriorityHealth

Pharmacy prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial** ☒ **Commercial Individual (PPACA)** ☒ **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.

Quantity Limit Exception

Reset Form

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: _____

Product and Billing Information

Drug product(s): _____

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Drug cost information

Priority Health's Quantity Limit Program is an electronic point of service program sets maximum quantities of dosage units available for a specific strength of a drug. This program requires the use of dosage units that increase the cost-effectiveness and compliance of the product while not changing the clinical outcome.

Exception Request

Would the quantity allowed be effective in treating the member's condition?

☐ Yes

☐ No, because: _____

Short-acting Opioids

Per policy 11/0129, all short-acting opioids are limited to an amount needed to last up to 15 days, with a maximum of two prescriptions within 3 months. Please submit all relevant documentation to support medical necessity (see bulleted list below). This applies to Commercial and Commercial Individual members.

When approved, treatment will be authorized for a maximum of one year (12 months).

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

New 09/2017
Last reviewed 09/2017

- Use is due to an *acute pain episode* caused by severe injury, medical condition, surgical procedure, or other health-related event.
    - Approval will not be granted for indications such as non-specific low back pain, headaches, fibromyalgia, or non-complicated dental procedures.
- An opioid treatment agreement is in place.
- Member is being managed by or in consultation with a pain specialist
- Acknowledgement that the member's MAPS report has been reviewed and that continuing the requested therapy is appropriate.
- Non-opioid pharmacologic therapy has been tried or is contraindicated.
    - Non-opioid therapies include: acetaminophen, NSAIDs, antidepressants (e.g., amitriptyline, duloxetine), anticonvulsants (e.g., gabapentin, Lyrica), baclofen or tizanidine for spasticity, and intraarticular glucocorticoids.
- There is no inappropriate or unsafe use of benzodiazepines, sedative-hypnotics, barbiturates, or other medications that may be harmful when used in combination with opioid medications.
- Pain and function assessments are completed at baseline and at each follow-up visit when opioids are prescribed.
- Clinically meaningful improvement in both pain and function at each follow-up visit has been shown and documented using validated pain tools.
- Approval may not be granted if a patient has a current history of substance use disorder (excluding tobacco) or is receiving substance abuse disorder treatment.
    - Validated pain and function tools include: (1) Pain, Enjoyment of Life, General Activity (PEG) Assessment Scale; and (2) Two Item Graded Chronic Pain Scale

If >6 weeks following acute pain episode additional requirements include:

- Non-pharmacologic therapy has been tried or is contraindicated.
    - Non-pharmacologic therapy may include: physical and exercise therapy, weight loss for osteoarthritis, psychologic therapies (e.g. CBT), interventional procedures (e.g., arthrocentesis)
- Treatment during the acute phase (week 0 to 6 following the acute pain episode) lead to a clinically meaningful improvement in function OR to a pain interference with function level > 4 based on the validated Two Item Graded Chronic Pain Scale

Additional information

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