

# 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)

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 Quantity/Dose Limit Exception

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender assigned at birth: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Opioid Quantity Limits

- Patients are limited to a total of 120 MEqD (morphine equivalent dose per day).
- 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.
- 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 120, 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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## **Additional information**

<sup>1</sup>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>.

<sup>2</sup> 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)."