



# Prior Authorization Request Form for Short-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.covermyeds.com/main/prior-authorization-forms/>

<input type="checkbox"/> New request <input type="checkbox"/> 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 ( <u>submit documentation</u> ):	DX code ( <u>required</u> ):	

- 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.

### INITIAL requests

1. For a transmucosal fentanyl product:

- Has a diagnosis of cancer
- Is opioid-tolerant (opioid-tolerant 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)
- Is prescribed transmucosal fentanyl by a specialist certified in pain medicine, oncology, or hospice and palliative medicine
- Has a contraindication to the preferred Analgesics, Opioid Short-Acting (See the Preferred Drug List for the list of preferred Analgesics, Opioid Short-Acting at: <https://papdl.com/preferred-drug-list>)

**2. For nasal butorphanol:**

- Is not opioid-tolerant (opioid-tolerant 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)
- Is being treated for **migraine** and:
  - Is prescribed nasal butorphanol by a neurologist or headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties
  - Tried and failed or has a contraindication or an intolerance to the following abortive medications:
    - acetaminophen: \_\_\_\_\_  triptans: \_\_\_\_\_
    - NSAIDs: \_\_\_\_\_  dihydroergotamine: \_\_\_\_\_
  - Tried and failed or has a contraindication or an intolerance to the following preventive medications:
    - anticonvulsants  botulinum toxins  calcium channel blockers  tricyclic antidepressants
    - beta blockers  CGRP inhibitors  SNRIs

Medications tried and failed or has a contraindication or an intolerance to: \_\_\_\_\_

- Is being treated for **non-migraine pain** and:
  - Is prescribed nasal butorphanol by a specialist certified in neurology, pain medicine, oncology, or hospice and palliative care medicine
  - Tried and failed or has a contraindication or intolerance to at least 3 unrelated (i.e., different opioid ingredient) preferred Analgesics, Opioid Short-Acting (See the Preferred Drug List for the list of preferred Analgesics, Opioid Short-Acting at: <https://papdl.com/preferred-drug-list>)

**3. For a non-preferred Analgesic, Opioid Short-Acting** (See the Preferred Drug List for the list of preferred and non-preferred Analgesics, Opioid Short-Acting at: <https://papdl.com/preferred-drug-list>):

- Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Short-Acting: \_\_\_\_\_

**4. 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

**5. For all Analgesics, Opioid Short-Acting:**

- Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
- Is receiving palliative care or hospice services
- Is receiving treatment post-operatively or following a traumatic injury
- Has documentation of pain that is all of the following:
  - Caused by a medical condition
  - Not migraine in type
  - Moderate to severe
- Tried and failed or 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): \_\_\_\_\_
- Was assessed for the potential risk of opioid misuse or opioid use disorder by the prescriber

**6. 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

**7. For a member who has received opioid treatment for the past 3 months:**

- 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

**RENEWAL requests**

**1. For all Analgesics, Opioid-Short 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 oxycodone, fentanyl, buprenorphine, and tramadol**, 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 FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION 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.)