



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.covermy meds.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 (<i>submit documentation</i>):	DX code (<i>required</i>):	

- 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 **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 or 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 or 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 or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting (medication, start and end date): _____
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 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): _____
- 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 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

- 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

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PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:	Date:
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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.)