

# PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Maximum Allowed Opioid Dose - Commercial

Phone: 503-574-7400 Fax back to: 503-444-9006

PROVIDENCE HEALTH PLAN manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Group Number:	NPI: State Lic or Tax ID:
Address:	Address:
City, State, Zip:	City, State, Zip:
Member Phone:	
Drug Name:	Expedited/Urgent ICD10:
Directions:	Diagnosis:

**Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:**

Q1. Please select the following applicable scenario:

My patient was previously approved for a short-term dose increase due to acute pain and will need to continue the opioid medications that exceed a cumulative dose of 90 morphine milligram equivalents per day (MME 90) - Please note for reauthorization, initial criteria for chronic pain must now be met

My patient has been established on and/or has an authorization on file for opioid medications that exceed a cumulative MME 90 dose

My patient's dose is being increased and now exceeds a cumulative MME 90 dose

Q2. For initiation of dosing that exceeds MME 90: Please indicate which of the following applies to your patient:

Intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illnesses), hospice care, severe burns or sickle cell disease

Remission from cancer and you, the prescriber, are safely weaning your patient off of opioids with a tapering plan

Documented need for a short-term (less than 90 days) increase in pain relief due to an acute situation (e.g., injury, surgery)

Chronic pain (greater than 90 days)

Q3. For chronic pain: Please provide rationale to support the medical necessity of exceeding a morphine equivalent dose of greater than 90 MME:

Q4. For chronic pain: which of the following applies to your patient (select all that apply):

There is a pain agreement between the patient and provider that includes random urine drug screening (UDS), how UDS results will be interpreted, and outlines consequences for inappropriate UDS results

There is a treatment plan outlining specific functional goals for your patient (e.g., be able to better perform activities of daily living)

A Prescription Drug Monitoring Program is being used to address potential of abuse/diversion

Q5. For chronic pain: which of the following non-opioid medications has your patient used for their pain?

Acetaminophen (up to 3g/day)

NSAIDs (e.g., etodolac, diclofenac, meloxicam)

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Both acetaminophen and NSAIDS	
Neither	
Acetaminophen and NSAIDS are not appropriate for my patient	
Q6. For chronic pain: Does your patient have neuropathic pain?	
Yes	No
Q7. For chronic, neuropathic pain: Has your patient tried antidepressants or anticonvulsants (e.g., duloxetine, gabapentin, or amitriptyline)?	
Yes	No
Q8. For chronic pain: Does your patient have a documented trial and failure of non-pharmacological therapy (such as physical therapy, exercise, acupuncture, cognitive behavioral therapy, acupuncture, or weight loss), if applicable?	
Yes	No
Q9. For patients established on a cumulative dose of 90 morphine milligram equivalents per day (MME 90): which of the following applies to your patient:	
Intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illnesses), hospice care, severe burns or sickle cell anemia	
Remission from cancer and you, the prescriber, are safely weaning your patient off of opioids with a tapering plan	
Chronic pain (greater than 90 days)	
Q10. For patients established on a cumulative dose of MME 90 for chronic pain: is this a request for a dose increase?	
Yes	No
Q11. For patients established on a cumulative dose of MME 90 for chronic pain: for dose increase requests, please provide medical rationale addressing the medical necessity for a dose increase:	
Q12. For patients established on a cumulative dose of MME 90 for chronic pain: is there documentation that the dose has been titrated down from the initial authorization?	
Yes	No
Q13. For patients established on a cumulative dose of MME 90 for chronic pain: is there documentation of a specific tapering plan to reduce dose to below MME 90?	
Yes	No
Q14. For patients established on a cumulative dose of MME 90 for chronic pain: please provide medical rationale for not attempting a taper at this time:	

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Q15. For patients established on a cumulative dose of MME 90 for chronic pain: is there documentation of improvement in pain or function?

Yes

No

Q16. For patients established on a cumulative dose of MME 90 for chronic pain: is there documentation that the provider and patient are reviewing the pain contract at least annually, and that functional goals are being assessed throughout treatment?

Yes

No

Q17. For patients established on a cumulative dose of MME 90 for chronic pain: is there documentation that a Prescription Drug Monitoring Program has been used to address potential of abuse/diversion?

Yes

No

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**Physician Signature**

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**Date**

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