SHORT and LONG-ACTING OPIOID PRIOR AUTHORIZATION (PA) REQUEST FORM

PA Criteria Align with Virginia Board of Medicine’s Regulations Governing Prescribing of Opioids and Buprenorphine

Phone: 1-800-901-0020  Fax back to: 1-800-359-5781

This REQUEST is for:  □ Short-Acting Opioid  □ Long-Acting Opioid  □ BOTH (check all that apply)
Prior Authorization is required for:

1) All Long Acting Opioids
2) Any Short-Acting Opioid prescribed for > 7 days or two (2) 7 day supplies in a in a 60 day period. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days and post-op pain to no more than 14 days.
3) Any cumulative opioid prescription exceeding 120 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug. (add hyperlink to Plan’s QL)

Long-Acting Opioids (LAOs). LAOs are indicated for patients with chronic, moderate to severe pain who require daily, around-the-clock, chronic opioid treatment and require a PA. Consider non-pharmacologic and non-opioid pain treatments prior to treatment with opioids. Patients should be considered for buprenorphine analgesic treatment with either topical patch or buccal film since these products have a ceiling effect with less risk of respiratory depression than other opioids.

Patient Name:  Prescriber Name:

Member ID Number:  Fax:  Phone:

Date of Birth:  Office Contact:

Group Number:  NPI:  State Lic ID:

Address:  Address:

City, State ZIP:  City, State ZIP:

Primary Phone:  Specialty/facility name (if applicable):

Drug Name / Strength  Urgent  Standard
Directions / SIG:

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Alternative Therapy to Schedule II Opioids. Based on the Virginia Board of Medicine’s Opioid Prescribing Regulations, Opioids are NOT recommended as first line treatment for acute or chronic pain.

Preferred Pain Relievers available without PA include NSAIDS topical and oral, SNRIs, Tricyclic Antidepressants, Gabapentin, Baclofen, Capsaicin topical cream 0.025% and Lidocaine 5% Patch. Pregabalin (Lyrica®) is available after a trial and failure of gabapentin and duloxetine. Consider alternative therapies to Schedule II opioid drugs due to their high potential for abuse and misuse. A complete list of Health Plan’s covered drugs can be found at: https://fm.formularynavigator.com/FBO/4/Virginia_PDL_English.pdf

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN.

Q1. Does prescriber attest that the patient has intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illnesses) or hospice care? (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q5 if non-formulary drug is prescribed.)

□ Yes  □ No

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### Q2. Is patient is in remission from cancer and prescriber is safely weaning patient off of opioids with a tapering plan. (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q5 if non-formulary drug is prescribed.)

- [ ] Yes
- [ ] No
- [ ] N/A

### Q3. Is patient in a long-term care facility? (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q5 if non-formulary drug is prescribed.)

- [ ] Yes
- [ ] No

### Q4. Is this medication used to treat:

- [ ] Acute Pain (less than 90 days)
- [ ] Post-operative Pain
- [ ] Chronic Pain (90 days or greater)

### Q5. REQUIRED: Please indicate if the patient has tried and failed any of the following drugs covered without PA (select all that apply):

- [ ] Baclofen
- [ ] NSAIDs (oral)
- [ ] Gabapentin
- [ ] Duloxetine
- [ ] Tricyclic Antidepressant (e.g., nortriptyline)
- [ ] Capsaicin Gel
- [ ] Lidocaine 5% Patch
- [ ] Other

### Q6. REQUIRED: If requesting a non-preferred product (i.e. Avinza®, Kadian®, Embeda®), has patient tried and failed an adequate trial of 2 different preferred products?

- [ ] Yes
- [ ] No

If yes please list drug name, length of trial, and reason for discontinuation:

- [ ] Yes
- [ ] No (See PUMS Program info on last page)

### Q7. REQUIRED: Please provide the patient's Active Daily MME from the PMP (https://virginia.pmpaware.net/login): __________

If patient's Active Daily MME greater than or equal to 120, does the prescriber attest that he/she will be managing the patient’s opioid therapy long term, has reviewed the Virginia BOM Regulations for Opioid Prescribing, has prescribed naloxone, and acknowledges the warnings associated with high dose opioid therapy including fatal overdose, and that therapy is medically necessary for this patient?

- [ ] Yes
- [ ] No (See PUMS Program info on last page)

### Q8. REQUIRED: Please provide patient's last fill date of Opioid prescription from the PMP: __________

### Q9. REQUIRED: Please provide patient's last fill date of Benzodiazepine prescription from the PMP: __________

If benzodiazepine filled in past 30 days, does the prescriber attest that he/she has counseled the patient on the FDA black box warning on the dangers of prescribing Opioids and Benzodiazepines including fatal overdose, has documented that the therapy is medically necessary, and has recorded a tapering plan to achieve the lowest possible effective doses of both opioids and benzodiazepines per the Board of Medicine Opioid Prescribing Regulations?

- [ ] Yes
- [ ] No, See PUMS Program info on last page

### Q10. REQUIRED: Has naloxone been prescribed for patients with risk factors of prior overdose, substance use disorder, doses in excess of 120 MME/day, or concomitant benzodiazepine?

- [ ] Yes
- [ ] No
- [ ] N/A

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https://fm.formularynavigator.com/FBO/4/Virginia_PDL_English.pdf (list of preferred drugs)
Q11. If patient is female between 18-45 years old, has the prescriber discussed risk of neonatal abstinence syndrome and provided counseling on contraceptive options?

- [ ] Yes
- [ ] No
- [ ] N/A

Q12. REQUIRED: For chronic pain, prescriber attests that a treatment plan with goals that address benefits and harm has been established with patient and there is a SIGNED AGREEMENT with the patient. (This will be reviewed with the patient within 1 to 4 weeks of starting opioid therapy for chronic pain, with dose escalation and is reviewed every 3 months or more frequently) Sample Physician/Patient Agreement: www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf

- [ ] Yes
- [ ] No
- [ ] N/A

If no, please explain:

Q13. REQUIRED: For chronic pain, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level prior to initiating treatment with short or long-acting opioids?

- [ ] Yes
- [ ] No
- [ ] N/A

Q14. REQUIRED: For PA renewals, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence?

- [ ] Yes
- [ ] No
- [ ] N/A

Prescriber Signature___________________________  Date________________________

**PRESCRIBER INFORMATION**

Name (print): _____________________________________________  NPI Number: __________

Address: __________________________________________________________

Phone Number: (_____ )_______ -__________  Fax Number: (_____ )____________-__________
HealthKeepers, Inc. has a Patient Utilization Management & Safety (PUMS) program in place. The program makes sure that Anthem HealthKeepers Plus members are getting the proper health care, especially when it comes to patient safety.

**PUMS Program Goal:**
PUMS deals with prescription drugs as well as other kinds of health care, making certain the member is getting treatment that is proper and safe. Health plan’s clinical staff reviews our members’ use of health care services to see whether they should be in the PUMS program. For members in the PUMS program, Health Plan takes extra steps to make sure they use services safely.

**Being considered for PUMS does NOT mean a member has done anything wrong.**
For any member who may be at risk for unsafe services, Health Plan must review whether the member should be in the PUMS program. In cases involving buprenorphine use, the member will automatically be in the PUMS program.

**How Might PUMS Change a Member’s Care?**
Health Plan may offer case management services. Health Plan could set a single doctor for controlled substances to see the member, or a single pharmacy to provide controlled substance prescription drugs.

**PUMS Member Rights:** Health Plan will send every PUMS member a letter about the program. The letter will make clear how the member can get emergency care. The letter will also tell them how they can appeal being placed in the PUMS program.

**PLEASE NOTE:** Health Plan doctors and pharmacists now use the Prescription Monitoring Program (PMP). The PMP helps them make sure that prescription drugs are used safely. Among other Patient Utilization Management & Safety (PUMS) triggers we review patients who have:

**High Average Daily Dose:** > 120 cumulative morphine milligram equivalents (MME) per day over the past 90 days.

**And/or**

**Concurrent use of Opioids and Benzodiazepines** – at least 1 Opioid claim and 14 day supply of Benzo (in any order)

Our approach is to work collaboratively with patients and providers to ensure safe and appropriate use of controlled substances. We utilize and promote:

A) PMP Checks
B) Letter to Doctor & Member
C) Soft and Hard Pharmacy edits for Benzodiazepine and Opioid utilization
D) Following CDC Opioid Guidelines
E) Case Management as appropriate

We greatly appreciate your collaboration and Health Care service to our members. As part of our PUMS safety review we hope to collaborate with you for complete patient information with the goal of validating safe and appropriate controlled substance use and coordinated patient care.

Sincerely,
Pharmacy Department
HealthKeepers, Inc. for Anthem HealthKeepers Plus