



Short Acting Opioids Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.

Provider Help Desk: 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

_____	_____	_____	Specify: _____
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7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization (PA) is required for all nonpreferred short-acting opioids. PA is also required for members when the total daily opioid dose (combined across all opioids) exceeds the set morphine milligram equivalent (MME) threshold (include high dose opioids PA form with request). Payment will be considered under the following conditions:

1. Patient has pain severe enough to require opioid treatment
2. Patient has tried and failed at least 2 nonpharmacologic therapies
3. Patient has tried and failed at least 2 nonopioid pharmacologic therapies
4. Patient has documentation of previous trials and therapy failures with 3 chemically distinct preferred short acting opioids (based on opioid ingredient only) at therapeutic doses
5. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program (PMP) website and has determined that use of a short-acting opioid is appropriate for this member based on review of PMP and the patient's risk for opioid addiction, abuse and misuse prior to requesting prior authorization
6. Patient has been informed of the common adverse effects and serious adverse effects of opioids
7. For patients taking concurrent benzodiazepines, the prescriber must document the following:
 - a. The risks of using opioids and benzodiazepines concurrently have been discussed with the patient
 - b. Documentation as to why concurrent use is medically necessary is provided

- c. A plan to taper the benzodiazepine is provided, if appropriate. If criteria for coverage are met, an initial authorization will be given for 3 months

Additional approvals will be considered if the following criteria are met:

1. Patient has experienced improvement in pain control and level of functioning
2. Prescriber has reviewed the patient's use of controlled substances on the Iowa PMP website and has determined continued use of a short-acting opioid is appropriate for this member.
3. For patients taking concurrent benzodiazepines, the prescriber must document the following:
 - a. The risks of using opioids and benzodiazepines concurrently has been discussed with the patient
 - b. Documentation as to why concurrent use is medically necessary is provided
 - c. A plan to taper the benzodiazepine is provided, if appropriate

The required trials may be overridden when documented evidence is provided that use of these agents and/or nonpharmacologic therapies would be medically contraindicated.

Preferred (Please refer to the PDL for complete list of preferred alternatives)

- Acetaminophen/codeine
- Hydrocodone/APAP
- Hydromorphone tab
- Morphine sulfate tab
- Oxycodone cap/tab
- Oxycodone/APAP (5/325)
- Oxycodone/ASA
- Tramadol 50 mg

Nonpreferred

- Butalbital/APAP/caff/codeine
- Combunox
- Hydrocodone/APAP (5/300, 7.5/300, 10/300)
- Hydrocodone/Ibuprofen
- Meperidine
- Nucynta
- Other (Specify):
- Opana
- Oxycodone/APAP (7.5/325, 10/325)
- Primlev
- Prolate
- Roxicodone
- Tramadol 100 mg
- Xodol

Document nonpharmacological therapies (such as physical therapy, weight loss, alternative therapies such as manipulation, massage, and acupuncture, or psychological therapies such as cognitive behavior therapy [CBT], etc.)

Nonpharmacological treatment trial #1: _____

Trial dates: _____ Failure reason: _____

Nonpharmacological treatment trial #2: _____

Trial dates: _____ Failure reason: _____

Document 2 nonopioid pharmacologic therapies (acetaminophen or NSAIDs)

Nonopioid pharmacological treatment trial #1: _____

Trial dates: _____ Failure reason: _____

Nonopioid pharmacological treatment trial #2: _____

Trial dates: _____ Failure reason: _____

Document trials with three preferred chemically distinct short acting opioids

Preferred trial #1: _____

Drug name: _____ Strength dosage instructions: _____

Trial dates: _____ Failure reason: _____

Failure reasons: _____

Preferred trial #2: _____
Drug name: _____ Strength dosage instructions: _____
Trial dates: _____ Failure reason: _____
Failure reasons: _____

Preferred trial #3: _____
Drug name: _____ Strength dosage instructions: _____
Trial dates: _____ Failure reason: _____
Failure reasons: _____

Prescriber review of patient's controlled substances use on the Iowa PMP website: No Yes Date reviewed: _____

Is short-acting opioid-use appropriate for patient based on PMP review and patient's risk for opioid addiction, abuse, and misuse? No Yes

Has patient been informed of the common adverse effects (constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence and withdrawal symptoms when stopping opioids) and serious adverse effects (potentially fatal overdose and development of a potentially serious opioid use disorder) of opioids?
 No Yes

Patients taking concurrent benzodiazepines

Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient? No Yes
Medical necessity for concurrent use: _____

Provide plan to taper the benzodiazepine or medical rationale why not appropriate: _____

Renewals

Has patient experienced improvement in pain control and level of functioning?
 No Yes (Describe.): _____

Updated prescriber review of patient's controlled substances use on the Iowa PMP website (since initial request):
 No Yes Date reviewed: _____

Continued use of a short-acting opioid is appropriate for this member?
 No Yes (Describe.): _____
Other medical conditions to consider: _____

Patients taking concurrent benzodiazepines

Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient? No Yes
Medical necessity for concurrent use: _____

Provide plan to taper the benzodiazepine or medical rationale why not appropriate: _____

Other medical conditions to consider: _____

Attach lab results and other documentation as necessary.

9. Physician signature

Prescriber or authorized signature

Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.