Priority Health

Pharmacy prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Opioid Quantity/Dose Limit Exception

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Opioid Quantity Limits

- Patients are limited to a total of 120 MEqD (morphine equivalent dose per day).
- Opioid medications subject to the 120 MEqD per day limit may also have individual drug quantity limits, step therapy, and other utilization management that also apply. Non-preferred long-acting opioids are subject to prior authorization.
- When approved, treatment will be authorized for the duration necessary to treat the patient's pain for up to a maximum of one year (12 months).

Opioid Regimen

1. Please specify the patient's TOTAL OPIOID PAIN MANAGEMENT REGIMEN below:

Drug Name	Strength	No. tabs/caps per 30 days

2. Specify the MEDICAL CONDITION for which the opioid medication is being prescribed:

_____

_____

All fields must be complete and legible for review. Your office will receive a response via fax.

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Documentation of the required criteria (i.e. medical records, etc.) must be submitted to Priority Health with this request form.

For MEqD per day GREATER than 120, patient must meet all of the following:

- ☐ An opioid treatment agreement is in place
- ☐ Member has a diagnosis of chronic pain due to a documented medical condition
- ☐ A dose taper or taper attempt is documented or valid clinical rationale as to why taper has not been attempted
- ☐ Member's pain management and function are routinely evaluated using validated tools (e.g. Pain, Enjoyment of Life, General Activity (PEG) Assessment Scale) at follow-up visits and show sustained improvement
- ☐ Non-drug therapy has been tried in the last 18 months or is contraindicated
- ☐ Non-opioid medications are being used concurrently (unless contraindicated) to reduce total opioid use
- ☐ Documentation to support clinical appropriateness and safety when concurrently using benzodiazepines, sedative-hypnotics, barbiturates, or other medications that may be harmful when used in combination with opioid medications.
- ☐ Member has been educated on naloxone

The following are not required, but are considered best practices for all members:

- Member is being managed by or in consultation with a pain specialist
- Routine urine drug screens are completed at least annually
- Member's MAPS report has been reviewed prior to prescribing

Additional information

[1]Oral morphine equivalent conversion factors may be found at the Centers for Medicare & Medicaid Services, located at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf.

[2] Regarding tapering of opioids, the CDC Guideline for Prescribing Opioids for Chronic Pain says the following, "…tapers reducing weekly dosage by 10%–50% of the original dosage have been recommended by other clinical guidelines, and a rapid taper over 2–3 weeks has been recommended in the case of a severe adverse event such as overdose. Experts noted that tapers slower than 10% per week (e.g., 10% per month) also might be appropriate and better tolerated than more rapid tapers, particularly when patients have been taking opioids for longer durations (e.g., for years)."

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