

Request for Prior Authorization SHORT ACTING OPIOIDS

FAX Completed Form To 1 (800) 574-2515 Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Patient address Provider NPI Prescriber name Phone Prescriber address Provider NPI Prescriber name Phone Prescriber address Pharmacy name Phone Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned. Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned. Pharmacy NPI Pharmacy fax NDC		(I EEAGE I KIIVI AGGORAGI IG IIVII V	31(1)(1)
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Trainador 50thg	use of controlled substances on the of a short-acting opioid is appropaddiction, abuse and misuse prior tradverse effects and serious adverse prescriber must document the foldiscussed with the patient; and b. Delan to taper the benzodiazepine is be given for 3 months. Additional experienced improvement in pain controlled substances on the low appropriate for this member. 3) For following: a. the risks of using opion Documentation as to why concurred is provided, if appropriate. The require these agents and/or non-pharmacon Preferred (*Please refer to the PDL for complete list of preferred alternatives) Acetaminophen/Codeine Hydrocodone/APAP Hydromorphone Tab Morphine Sulfate Tab Oxycodone (APAP (5/325))	lowa Prescription Monitoring Program (I riate for this member based on review o requesting prior authorization; and 6) It is effects of opioids; and 7) For patients flowing: a. The risks of using opioids and occumentation as to why concurrent use is provided, if appropriate. If criteria for coval approvals will be considered if the forcentrol and level of functioning; and 2) Program PMP website and has determined covar patients taking concurrent benzodiaze ids and benzodiazepines concurrently have it use is medically necessary is provided; uired trials may be overridden when docuired trials may b	PMP) website and has determined that use of PMP and the patient's risk for opioid Patient has been informed of the common staking concurrent benzodiazepines, the distribution benzodiazepines concurrently has been is medically necessary is provided; and c. A verage are met, an initial authorization will ollowing criteria are met: 1) Patient has rescriber has reviewed the patient's use of ontinued use of a short-acting opioid is epines, the prescriber must document the sheen discussed with the patient, and be and c. A plan to taper the benzodiazepine umented evidence is provided that use of indicated. Nucynta
Strength Dosage Instructions Quantity Days Supply	•	_ (v Days Supply

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Diagnosis:

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(PLEASE PRINT - ACCURACY IS IMPORTANT)

Document non-pharmacologic 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,)

Trial Dates:Failure reason	Non-Pharmacological Treatment Tri	al#I				
Document 2 nonopioid pharmacologic therapies (acetaminophen or NSAIDs) Nonopioid Pharmacologic Trial #1: Name/Dose:	Trial Dates:F	ailure reason				
Document 2 nonopioid pharmacologic therapies (acetaminophen or NSAIDs) Nonopioid Pharmacologic Trial #1: Name/Dose:	Non Pharmacological Treatment Tri	al #2				
Nonopioid Pharmacologic Trial #1: Name/Dose:						
Nonopioid Pharmacologic Trial #1: Name/Dose:						
Nonopioid Pharmacologic Trial #2: Name/Dose:	Document 2 nonopioid pharma	cologic therapies (ad	cetaminophen or NSAID	s)		
Nonopioid Pharmacologic Trial #2: Name/Dose:	Nonopioid Pharmacologic Trial #1: N	Name/Dose:		Trial Dates:		
Document trials with three preferred chemically distinct short acting opioids Preferred Trial I: Drug Name	Failure reason					
Document trials with three preferred chemically distinct short acting opioids Preferred Trial I: Drug Name	Nonopioid Pharmacologic Trial #2: N	Name/Dose:		Trial Dates: _		
Preferred Trial 1: Drug Name Strength Dosage Instructions Trial start date: Trial end date: Failure reason: Preferred Trial 2: Drug Name Strength Dosage Instructions Trial start date: Trial end date: Failure reason: Dosage Instructions Trial start date: Trial end date: Failure reason: Preferred Trial 3: Drug Name Strength Dosage Instructions Trial start date: Trial end date: Failure reason: Preferred Trial 3: Drug Name Strength Dosage Instructions Trial start date: Failure reason: 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 withthe patient? No Yes						
Preferred Trial 1: Drug Name						
Trial start date:	•	•				
Failure reason: Preferred Trial 2: Drug Name	_		_	_	ns	
Preferred Trial 2: Drug Name Strength Dosage Instructions Trial start date: Trial end date:						
Trial start date:Trial end date:	Failure reason:					
Preferred Trial 3: Drug Name	Preferred Trial 2: Drug Name		Strength	Dosage Instruction	ons	
Preferred Trial 3: Drug Name	Trial start date:	Trial end date:				
Trial start date:	Failure reason:					
Prescriber review of patient's controlled substances use on the lowa 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?	Preferred Trial 3: Drug Name		Strength	Dosage Instructio	ons	
Prescriber review of patient's controlled substances use on the lowa PMP website:	Trial start date:	Trial end date:				
Is short-acting opioid use appropriate for patient based on PMP review and patient's risk for opioid addiction, abuse and misuse?	Failure reason:					
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	Prescriber review of patient's co	ontrolled substance	s use on the Iowa PMI	P website: No 🗌	Yes Date Reviewed:	
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Patients taking concurrent benzodiazepines: Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?	confusion, tolerance, physical de	ependence, and with	hdrawal symptoms wl	nen stopping opioids) a	nd serious adverse	
Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?	☐ No ☐ Yes					
Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?	Patients taking concurrent benz	zodiazepines:				
	Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?					
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Provide plan to taper the benzodiazepine or medical rationale why not appropriate:						
<u>Renewals</u>						
Has patient experienced improvement in pain control and level of	of functioning?					
☐ No ☐ Yes (describe)						
Updated prescriber review of patient's controlled substances use ☐ No ☐ Yes Date Reviewed:	on the Iowa PMP website	e (since initial request):				
Continued use of a short-acting opioid is appropriate for this membe	r?					
☐ No ☐ Yes (describe)						
Patients taking concurrent benzodiazepines:						
Have the risks of using opioids and benzodiazepines concurrently been dis-	Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?					
Medical necessity for concurrent use:						
Provide plan to taper the benzodiazepine or medical rationale why not app	ropriate:					
Other westigal and distance to consider						
Other medical conditions to consider Attach lab results and other documentation as necessary.						
Prescriber signature (Must match prescriber listed above.)	Date of submission					

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.

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