



**Long-Acting Opioid  
Form Fax 1-866-423-0945  
Pharmacy Dept. Phone 401-427-8200**

This form is to be used by participating physicians and providers to obtain coverage. Please complete the form by providing all of the following information. Fax the completed form to Neighborhood at **1-866-423-0945**. For real time Coverage Determination decisions, please go to Cover My Meds: <https://www.covermymeds.com/epa/caremark/>.

## Long-Acting Opioid Prior Authorization Form

Enrollee's Name		Date of Birth
Enrollee's Address		
City	State	Zip Code
Phone	Enrollee's Member ID #	

<b>Important Note: Expedited Decisions</b>
If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision.
<input type="checkbox"/> <b>CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 24 HOURS</b>

<b>Prescriber's Information</b>		
Name and NPI		
Address		
City	State	Zip Code
Office Phone	Fax	
Prescriber's Signature	Date	

<b>Diagnosis and Medical Information</b>		
Medication:	Strength and Route of Administration:	Frequency:
New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:	Quantity:
Height/Weight:	Drug Allergies:	Diagnosis:

Criteria Questions			
1	<p>Is the requested drug being prescribed for pain associated with a cancer diagnosis, terminal condition, or pain being managed through hospice or palliative care?</p> <p>[If yes, then no further questions, unless it is Non-Formulary. If the medication is Non-Formulary, please proceed to question 5.]</p>	Yes	No
2	<p>Does the prescriber attest to the following:</p> <ul style="list-style-type: none"> <li>▪ Rhode Island’s regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances are being followed.</li> <li>▪ The prescriber will use or is using an objective tool to monitor the member’s pain.</li> <li>▪ The prescriber acknowledges that the risk of serious harm is markedly increased with concurrent use of benzodiazepines (BZD) and other Central Nervous System (CNS) depressants.</li> <li>▪ The patient has a prescription for OR is in possession of naloxone.</li> <li>▪ The prescriber has counseled the patient (and the patient’s cohabitant(s), if available) on how to obtain and administer naloxone.</li> <li>▪ The prescriber understands the findings of the Centers for Disease Control and Prevention’s (CDC’s) Guideline for Prescribing Opioids for Chronic Pain (2016, 2017) which include: A) Long-term opioid therapy is associated with increased risk for serious harm including opioid use disorder, overdose, and death, B) Risk of harm increases with dosage, C) Opioids pose risk to all patients and currently available tools cannot rule out risk for opioid use disorder or other serious harm, D) Evidence for clinical benefit of long-term opioid therapy is insufficient.</li> <li>▪ The patient has tried and failed ALL of the following alternatives for the treatment of pain: A) Non-pharmacologic therapy, B) Non-opioid therapy, C) Non-pharmacologic therapy and/or non-opioid therapy in combination with a low dose opioid.</li> <li>▪ <b>For initial requests:</b> the requested drug is being prescribed for pain severe enough to require daily, around-the-clock, long-term treatment in a patient who has been taking an opioid (i.e., not opioid naïve).</li> <li>▪ <b>For continuation of therapy requests:</b> the original opioid dosing was titrated down from the initial authorization or in the prescriber’s clinical opinion, it is inappropriate to decrease the dose for this patient.</li> </ul>	Yes	No
3	<p>Is the opioid being prescribed over the Food and Drug Administration (FDA) recommended dose or over 90 morphine milligram equivalents per day (MME/day)?</p> <p>[If no, then no further questions, unless it is Non-Formulary. If the medication is Non-Formulary, please proceed to question 5.]</p>	Yes	No
4	<p>Does the prescriber attest to understanding the findings of the Centers for Disease Control and Prevention’s (CDC’s) Guideline for Prescribing Opioids for Chronic Pain (2016, 2017) which concluded that long term opioid therapy is associated with increased risk for serious harm (opioid use disorder, overdose, and death) in a dose dependent</p>	Yes	No

	manner: A) Greater than or equal to 50 morphine milligram equivalents per day (MME/day) significantly increases the risk for harm and indicates need to reassess, B) Greater than or equal to 90 MME/day sharply increases risk for harm and requires justification of risk, C) Greater than or equal to 200 MME/day is associated with overdose (OD) death?		
5	<p>For Non-Formulary drug requests, has the patient tried and failed 2 formulary alternatives or has a medical reason why the formulary alternatives are not appropriate?</p> <p>Please provide drugs failed or rationale for why formulary alternatives would not be appropriate:</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes	No

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's Signature \_\_\_\_\_ NPI \_\_\_\_\_ Date \_\_\_\_\_