

UnitedHealthcare Community Plan is aligning with Centers for Disease Control and Prevention guidelines for prescribing long-acting opioids. Please complete this entire form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**. Thank you.

Section A – Patient Information			
Today's Date:	First Name:	Last Name:	
Member ID #:	Address:		
City:	State:	ZIP code:	
Phone:	Date of Birth:	Allergies:	
Primary Insurance:	Policy #:	Group #:	
Is the requested medication new <input type="checkbox"/> or a continuation of therapy <input type="checkbox"/> ? If so, what is the start date? _____			
Is this patient currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section B – Physician Information			
First Name:		Last Name:	
Address:		City:	State: Zip code:
Phone:	Fax:	NPI #:	
Specialty:	Office Contact Name:		
Section C – Clinical Information			
Medication:		Strength:	
Directions for use:		Quantity:	
Diagnosis (Please provide specific details.):		ICD-10 code:	
Long-Acting Opioid	Maximum Daily 90 Morphine Equivalent Dose (MED)		
Buprenorphine Buccal (e.g. Belbuca™)	3000 micrograms (mcg)		
Buprenorphine Transdermal (e.g. Butrans®)	50 mcg/hour		
Fentanyl Transdermal (e.g. Duragesic®)	37.5 mcg/hour		
Hydrocodone (e.g. Hysingla® Extended Release)	90 mg		
Hydromorphone (e.g. Exalgo®)	22.5 mg		
Methadone	30 mg		
Morphine (e.g. generic MS Contin)	90 mg		
Oxycodone (e.g. Oxycontin)	60 mg		
Oxymorphone (e.g. Opana® ER)	30 mg		
Tapentadol (e.g. Nucynta® ER)	225 mg		
<input type="checkbox"/> I certify that the benefits of opioid treatment for this patient outweigh the risks of treatment and that the information provided is true and accurate to the best of my knowledge. I understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided.			
Prescriber's Signature _____		Date _____	
<i>Opioid overdose reversal medications are a covered benefit. Prior authorization is not required. CDC guidelines recommend offering naloxone to patients at increased risk of overdose, defined as: history of overdose or substance use disorder, doses > 50 MED /day, or concurrent use with benzodiazepines. Please refer to our Preferred Drug List for preferred products.</i>			
Does the patient have a history of failure, contraindication or intolerance to a trial of any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> fentanyl transdermal <input type="checkbox"/> morphine sulfate controlled release tablets (specifically generic MS Contin) <input type="checkbox"/> Methadone <input type="checkbox"/> Oxymorphone ER non-crush resistant (generic) <input type="checkbox"/> Zohydro ER Document drugs, dose, duration and date of trials: _____			

Cancer Treatment – Initial request and continuation of therapy

Is patient receiving opioid due to cancer treatment? Yes No If yes, please complete the following:

Cancer type: _____ Date of diagnosis: _____

Non-Cancer Treatment – Initial Requests

Is the patient being treated for moderate to severe chronic pain that is non-neuropathic (examples of **neuropathic** pain include neuralgias, neuropathies, fibromyalgia)? Yes No (If non-neuropathic, skip to section: **All Non-Cancer Pain Requests – Initial Requests**)

Neuropathic Pain – Please answer the following questions:

Is the patient being treated for moderate to severe neuropathic pain or fibromyalgia? Yes No

Please indicate if any of the following apply:

- Has the patient exhibited an adequate response to eight weeks of treatment with gabapentin titrated to a therapeutic dose? Yes No If “Yes”, document duration and date of trial: _____
- Has the patient not exhibited an adequate response to at least six weeks of treatment with a tricyclic antidepressant titrated to a therapeutic dose? Yes No If “Yes”, document duration and date of trial: _____

All Non-Cancer Pain Requests – Initial Requests

Please indicate if any of the following apply:

- For use as an as-needed analgesic
- For pain that is mild or not expected to persist for an extended period of time
- For acute pain
- For post-operative pain

Is the patient already receiving chronic opioid therapy prior to surgery? Yes No

Is the post-operative pain expected to be moderate to severe and persist for an extended period of time? Yes No

Has the patient failed an adequate (minimum of two- week) trial of a short-acting opioid? Yes No

If yes, document drug(s), dose, duration and date of trial: _____

All Non-Cancer Pain Requests – Initial AND Reauthorization Requests

Please provide defined treatment goals, including estimated duration of treatment:

- Treatment goals: _____
- Estimated duration of treatment: _____

Does the treatment plan include use of a non-opioid analgesic and/or non-pharmacologic intervention? Yes No

• List other treatment interventions: _____

Has the patient been screened for substance abuse/opioid dependence? Yes No

• Screening is used in patients with medical comorbidities or, if used concurrently, with a benzodiazepine or other drugs that could potentially cause drug-drug interactions:

Has an assessment of increased risk for respiratory depression has been completed by the prescriber? Yes No

Dose of long-acting opioid exceeds maximum MED (see table on page 1)

Did you consult a pain specialist, defined as a prescriber with a pain management specialty designated by the American Board of Anesthesiology, or one of the following specialties: hematology, oncology, anesthesiology, neurology, or physiatry? Yes No

Document prescriber specialty and total daily dose: _____

Non-Cancer Treatment – Reauthorization Requests

Has the patient demonstrated meaningful improvement in pain and function using a validated instrument (e.g. Brief Pain Inventory)?

Yes No

• Score: _____

• Instrument used: _____

Identify rationale for not tapering and discontinuing long-acting opioid.

• Rationale: _____

Explain why the preferred medication(s) do not meet your patient’s needs:

List other medications tried:

Medications	Strength	Directions	Dates of Therapy	Reason for failure / discontinuation