ANALGESICS, OPIOID LONG-ACTING PRIOR AUTHORIZATION FORM *(form effective 1/6/2025)*

Prior authorization guidelines for **Analgesics, Opioid Long-Acting** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html.

☐ New request ☐ Renewal request	# of pages: _____	Prescriber name:
Name of office contact:		Specialty:
Contact's phone number:		NPI: ⎮ State license #:
LTC facility contact/phone:		Street address:
Beneficiary name:		City/state/zip:
Beneficiary ID#: ⎮ DOB:		Phone: ⎮ Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	Formulation (capsule, tablet, etc.):
Directions:		Weight (if <21 years of age):
Quantity per fill: _____ to last _____ days		Requested duration:
Diagnosis *(submit documentation)*:		Dx code (*required*):

- **Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.**

- **Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone free-of-charge through their prescription drug benefit.**

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

1. **For a non-preferred Analgesic, Opioid Long-Acting** *(See the Preferred Drug List for the list of preferred and non-preferred Analgesics, Opioid Long-Acting at: https://papdl.com/preferred-drug-list)***:**
   ☐ For a non-preferred product containing buprenorphine:
     ☐ Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine
   ☐ For a non-preferred product containing tramadol:
     ☐ Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol
   ☐ For all other non-preferred Analgesics, Opioid Long-Acting:
     ☐ Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting

2. **For a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder (OUD) OR Vivitrol (naltrexone extended-release suspension for injection):**
   ☐ Both prescriptions are prescribed by the same prescriber

☐ Prescriptions are prescribed by different prescribers and all prescribers are aware of the other prescription(s)

☐ Not applicable – beneficiary is not taking a buprenorphine agent indicated for the treatment of OUD or Vivitrol

3. **For all Analgesics, Opioid Long-Acting:**

☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome → *submit request to DHS*

☐ Is receiving palliative care or hospice services → *submit request to DHS*

☐ Has documentation of pain that is all of the following:

    ☐ Caused by a medical condition

    ☐ Not migraine in type

    ☐ Severe

☐ Tried and failed or has a contraindication or an intolerance to non-opioid analgesics appropriate for the beneficiary's condition:

    ☐ acetaminophen

    ☐ duloxetine (e.g., Cymbalta, Drizalma)

    ☐ gabapentinoids (e.g., gabapentin, pregabalin [Lyrica])

    ☐ NSAIDs (e.g., ibuprofen, naproxen, meloxicam, etc.)

    ☐ tricyclic antidepressants (e.g., amitriptyline, nortriptyline, etc.)

    ☐ other (specify): _____

☐ Has documentation of a trial of short-acting opioids *(does NOT apply to requests for a buprenorphine product)*

☐ Is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equianalgesic dose of another opioid for one week or longer) *(does NOT apply to requests for a buprenorphine product)*

☐ Was assessed by the prescriber for the potential risk of opioid misuse or opioid use disorder

☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, that is consistent with prescribed controlled substances

4. **For a beneficiary with a concurrent prescription for a benzodiazepine:**

☐ The benzodiazepine is being tapered

☐ The opioid is being tapered

☐ Concomitant use of the benzodiazepine and opioid is medically necessary

☐ Not applicable – beneficiary is not taking a benzodiazepine

RENEWAL requests

1. **For all Analgesics, Opioid Long-Acting:**

☐ Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome → *submit request to DHS*

☐ Is receiving palliative care or hospice services → *submit request to DHS*

☐ Experienced an improvement in pain control and/or level of functioning while on the requested medication

☐ Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, at least every 12 months that is consistent with prescribed controlled substances

2. **For a beneficiary with a concurrent prescription for a benzodiazepine:**

☐ The benzodiazepine is being tapered

☐ The opioid is being tapered

☐ Concomitant use of the benzodiazepine and opioid is medically necessary

☐ Not applicable – beneficiary is not taking a benzodiazepine

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date: