

**LONG-ACTING NARCOTICS – ADULTS (Recipients ≥ 21 years)**

**PRIOR AUTHORIZATION FORM**

To review the prior authorization guidelines for these agents, refer to the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapter – Analgesics, Narcotic Long Acting: <http://www.dpw.state.pa.us/publications/bulletinsearch/index.htm>. These agents are also subject to quantity limits – if the requested quantity exceeds the limit, please submit supporting chart documentation (list of limits accessible at: <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>).

**PRIOR AUTHORIZATION REQUEST INFORMATION**

New       Renewal       Additional Information

**For Additional Information:** Coordinator Name: \_\_\_\_\_ PA#: \_\_\_\_\_

Number of Pages in this Request: \_\_\_\_\_ Office Contact Name: \_\_\_\_\_ & Phone: (\_\_\_\_) \_\_\_\_\_

**RECIPIENT INFORMATION**

Name: \_\_\_\_\_ Recipient ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

NPI#: \_\_\_\_\_ OR MA Provider ID#: \_\_\_\_\_ State License#: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

**Preferred Agents:**  fentanyl patch     Kadian     methadone tablet/oral solution     morphine ER tablet

**Non-Preferred Agents:**  AVINza     Butrans patch     ConZip     Duragesic     Exalgo     hydromorphone ER

MS Contin     morphine ER capsule (generic Avinza)     morphine ER capsule (generic Kadian)     Nucynta ER     Opana ER

Oxycontin     oxycodone ER     tramadol ER     Ultram ER     Zohydro ER

**Strength:** \_\_\_\_\_ **Directions:** \_\_\_\_\_ **Days' Supply:** \_\_\_\_\_

**Duration of Therapy:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_ **Diagnosis Code:** \_\_\_\_\_ (required)

**All Requests**

**1. Reason for Recipient's pain:** \_\_\_\_\_ – submit a complete pain assessment (location, severity, duration, etc)

**2. Check all that apply to the Recipient and submit documentation:**

Tried & failed (or has a contraindication or intolerance to) non-pharmacologic pain management modalities

Tried & failed (or has a contraindication or intolerance to) non-opioid analgesics:  acetaminophen     NSAID     Other: \_\_\_\_\_

Had a trial of short-acting narcotics

Is opioid-tolerant

Is pregnant or breastfeeding

Has been educated on the potential side effects of using narcotic analgesics, including the risk for misuse, abuse and addiction

**3. Does the Recipient have a history of substance use disorder (prescription drug, illicit drug or alcohol dependence or abuse)?**

Yes – submit documentation and complete question (3a)     No

**3a. Does the Recipient have a recent urine drug screen (UDS)? The screen should include benzodiazepines, opiates (including fentanyl & oxycodone) and illicit drugs:**  Yes – submit UDS results     No

**Non-Preferred Requests: Has the Recipient tried and failed (or have a contraindication or intolerance to) any of the preferred Long Acting Narcotic Analgesics (listed above)?**  Yes – submit documentation     No

**Renewal Requests**

**1. Has the Recipient experienced an improvement in pain control and level of functioning?**  Yes – submit documentation     No

**2. Does the Recipient have a history of substance use disorder (prescription drug, illicit drug or alcohol dependence or abuse)?**

Yes – submit documentation and complete question (2a)     No

**2a. Does the Recipient have a recent urine drug screen (UDS)? The screen should include benzodiazepines, opiates (including fentanyl & oxycodone) and illicit drugs:**  Yes – submit UDS results     No

**PLEASE SEND COMPLETED FORM WITH CLINICAL INFORMATION TO DPW – PHARMACY DIVISION**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality Notice:** The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.