## Clinical Information

<table>
<thead>
<tr>
<th>Drug requested:</th>
<th>Strength:</th>
</tr>
</thead>
</table>

### Directions:

- **Quantity per fill**: ____ to last ____ days  
- **Requested duration**: ____ days / 1 mo / 2 mos / 3 mos  
- **Weight (if <21 yrs)**: ______ lbs / kg  

### Diagnosis (submit documentation):

- **Dx code (required)**: 

### Did the prescriber or prescriber’s delegate search the PDMP to review the beneficiary’s controlled substance prescription history before issuing this prescription for the requested agent?

- **Yes**  
- **No**  

### Is the beneficiary taking a benzodiazepine? **Submit beneficiary’s current medication list.**

- **Yes – list**: ____________  
- **No**

#### For initial requests for a NON-PREFERRED agent, does the beneficiary have a history of trial and failure, contraindication, or intolerance to the preferred Analgesics, Opioid Long-Acting? Refer to [https://papdl.com/preferred-drug-list](https://papdl.com/preferred-drug-list) for a list of preferred and non-preferred medications in this class.

- **Yes**  
- **No**  

### What is the anticipated duration of therapy with opioid analgesics?

- **Specify duration**: ________  

### Is the beneficiary being treated for active cancer, sickle cell with crisis, or neonatal abstinence syndrome OR receiving hospice or palliative care services?

- **Yes – Submit documentation and send to DHS.**  
- **No – Continue to the next question.**

Check all of the following that apply to the beneficiary. **Submit detailed medical record documentation for EACH item.**

### Initial Requests:

- [ ] has documentation of a complete physical exam, including diagnostic testing/imaging results, and pain assessment (cause, severity, location, etc)  
- [ ] has tried or cannot try non-drug pain management modalities (eg, behavioral, cognitive, physical, and/or supportive therapies)  
- [ ] has tried or cannot try non-opioid drugs for the treatment of pain – check drugs tried: acetaminophen, NSAIDs, other: ____________  
- [ ] the requested opioid medication will be used in combination with tolerated non-drug therapies and non-opioid medications  
- [ ] was assessed for recent (within the past 60 days) opioid use  
- [ ] has documentation of a trial of short-acting opioids  
- [ ] is opioid-tolerant  
- [ ] was assessed for the potential risk of misuse, abuse, and addiction based on family and social history obtained by prescriber  
- [ ] was counseled regarding potential side effects of opioids including risk of misuse, abuse, addiction (if <21 yo, parent/guardian may be counseled)  
- [ ] was evaluated for risk factors for opioid-related harm  

### Renewal Requests:

- [ ] experienced an improvement in pain control and level of functioning while on the requested agent  
- [ ] the requested opioid medication will be used in combination with tolerated non-drug therapies and non-opioid medications  
- [ ] is being monitored by the prescriber for adverse events and warning signs of serious problems, such as overdose and opioid use disorder  
- [ ] has a recent UDS testing for illicit and licit substances of abuse (with specific testing for oxycodone, fentanyl, tramadol, and carisoprodol)

---

### 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.