SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization may be delayed. Use one form per member please.**

Drug Requested: Opioids

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

THIS REQUEST IS FOR (CHECK ALL THAT APPLY):

❑ SHORT-ACTING OPIOID	❑ LONG-ACTING OPIOID	❑ BOTH

1. DRUG NAME/FORM: _____ **STRENGTH:** _____

TOTAL DAILY DOSE: _____ **LENGTH OF THERAPY:** _____

DIRECTIONS: _____

QUANTITY REQUESTED: _____

2. DRUG NAME/FORM: _____ **STRENGTH:** _____

TOTAL DAILY DOSE: _____ **LENGTH OF THERAPY:** _____

DIRECTIONS: _____

QUANTITY REQUESTED: _____

- Will the member be discontinuing a previously prescribed opioid medication if approved for requested medication?

❑ Yes **OR** ❑ No

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- If yes, please list the medication that will be discontinued and the medication that will be initiated upon approval along with the corresponding effective date.

  Medication to be discontinued: _____ **Effective date:** _____

  Medication to be initiated: _____ **Effective date:** _____

Prior Authorization is required for:

1. **All Long-Acting Opioids.**
2. **Any Short-Acting Opioid prescribed for > 7 days or two (2) 7-day supplies in a 60-day period. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days and post-op pain to no more than 14 days.**
3. **Any cumulative opioid prescription exceeding 120 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug.**

Long-Acting Opioids (LAOs): LAOs are indicated for patients with chronic, moderate to severe pain who require daily, around the- clock, chronic opioid treatment and require a PA. Consider non-pharmacologic and non-opioid pain treatments prior to treatment with opioids. Patients should be considered for buprenorphine analgesic treatment with buprenorphine topical patch since these products have a ceiling effect with less risk of respiratory depression than other opioids

Alternative Therapy to Schedule II Opioids: Based on the Virginia Board of Medicine's Opioid Prescribing Regulations, Opioids are NOT recommended as first line treatment for acute or chronic pain. For additional information please see: https://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

Preferred Pain Relievers available without PA include: NSAIDS topical and oral, SNRIs, Tricyclic Antidepressants, Gabapentin, Pregabalin (Lyrica), Baclofen, Capsaicin topical cream 0.025% and Lidocaine 5% Patch. Consider alternative therapies to Schedule II opioid drugs due to their high potential for abuse and misuse.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN

Q1. Does prescriber attest that the patient has intractable pain associated with active cancer, sickle cell disease, palliative care (treatment of symptoms associated with life limiting illnesses) or hospice care? **(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q6 for non-preferred/non-formulary drugs.)** **Diagnosis:** _____ **ICD Diagnosis Code:** _____	❑ YES ❑ NO
Q2. Is patient in remission from cancer and prescriber is safely weaning patient off of opioids with a tapering plan? **(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q6 for non-preferred/non-formulary drugs.)** **Diagnosis:** _____ **ICD Diagnosis Code:** _____	❑ YES ❑ NO
Q3. Is patient in a long-term care facility? **(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q6 for non-preferred/non-formulary drugs.)**	❑ YES ❑ NO

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Q4. Is this medication used to treat (check applicable box below):
- ❑ Acute Pain (less than 90 days)
- ❑ Post-operative Pain
- ❑ Chronic Pain (90 days or greater)

Q5. REQUIRED: Please indicate if the patient has tried and failed any of the following drugs covered **without** PA **(select all that apply)**:
- ❑ Baclofen
- ❑ NSAIDs (oral)
- ❑ Gabapentin/Lyrica®
- ❑ Duloxetine
- ❑ Tricyclic Antidepressant (e.g., nortriptyline)
- ❑ Capsaicin Gel
- ❑ Lidocaine 5% Patch
- ❑ Other: _____

❑ YES
❑ NO

Q6. REQUIRED: If requesting a non-preferred/non-formulary product:

N/A product is preferred

❑ If the drug requested is **Nucynta®**, the following criteria must be met:

Member has tried and failed at least **three (3)** of the following preferred short-acting opioids:
- ❑ codeine (/apap)
- ❑ meperidine (/promethazine)
- ❑ oxymorphone
- ❑ tramadol (/apap)
- ❑ hydrocodone/apap or ibu
- ❑ hydromorphone
- ❑ morphine sulfate
- ❑ oxycodone (/apap or asa or ibu)
- ❑ pentazocine/naloxone

❑ If the drug requested is brand **Hysingla ER®, methadone, Nucynta® ER, Oxycodone ER, Xtampza® ER, or Zohydro® ER** (or generic if applicable), the following criteria must be met:

Member has tried and failed at least **two (2)** of the following preferred long-acting opioids:
- ❑ fentanyl
- ❑ morphine sulfate ER
- ❑ oxymorphone ER
- ❑ hydromorphone ER
- ❑ tramadol ER

❑ If the drug requested is **Belbuca®**, the following criteria must be met:

Member has tried and failed at least **one (1)** of the following:
- ❑ buprenorphine patch (generic Butrans®)

❑ If the requested drug is Non-Formulary **(e.g., levorphanol, Nalocet®, Oxaydo®, Oxycontin, Primlev™, Roxybond™, tramadol ER capsules)**, the following criteria must be met:
- ❑ These medications are not covered under the pharmacy benefits of your plan. Documentation of Medical Necessity must accompany this request. The Medical Necessity Request Form can be found on the Sentara Health website.

❑ If the drug requested is **fentanyl citrate buccal tablets**, the following criteria must be met:
- ❑ Indication is breakthrough cancer pain

AND

- ❑ Member has tried and failed fentanyl OT lozenge (generic Actiq®)

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Q7. REQUIRED: Please provide the patient's Active Daily MME from the PMP: _____ https://virginia.pmpaware.net/login If patient's cumulative MME is or will be greater than or equal to 120, does the prescriber attest that he/she will be managing the patient's opioid therapy long term, has reviewed the Virginia BOM Regulations for Opioid Prescribing, has prescribed naloxone, and acknowledges the warnings associated with high dose opioid therapy including fatal overdose, and that therapy is medically necessary for this patient?	(Document MME) _____ ❑ YES ❑ NO ❑ N/A, MME less than 120
Q8. REQUIRED: Please provide patient's last fill date of Opioid prescription from the PMP: _____	(Document Date)
Q9. REQUIRED: Please provide patient's last fill date of Benzodiazepine prescription from the PMP: _____ If benzodiazepine filled in past 30 days, does the prescriber attest that he/she has counseled the patient on the FDA black box warning on the dangers of prescribing Opioids and Benzodiazepines including fatal overdose, has documented that the therapy is medically necessary, and has recorded a tapering plan to achieve the lowest possible effective doses of both opioids and benzodiazepines per the Board of Medicine Opioid Prescribing Regulations?	(Document Date) ❑ YES ❑ NO ❑ N/A, no benzodiazepine therapy
Q10. REQUIRED: Has naloxone been prescribed for patients with risk factors of prior overdose, substance use disorder, **doses in excess of 120 MME/day**, or **concomitant benzodiazepine**?	❑ YES ❑ NO ❑ N/A
Q11. If patient is female between 18-45 years old, has the prescriber discussed risk of neonatal abstinence syndrome and provided counseling on contraceptive options?	❑ YES ❑ NO ❑ N/A
Q12. REQUIRED: For **chronic pain**, prescriber attests that a treatment plan with goals that address benefits and harm has been established with patient and there is a **SIGNED AGREEMENT** with the patient. (This will be reviewed with the patient within 1 to 4 weeks of starting opioid therapy for chronic pain, with dose escalation and is reviewed every 3 months or more frequently) If no, please explain: _____ _____	❑ YES ❑ NO ❑ N/A, acute or post-op pain
Q13. REQUIRED: For **chronic pain**, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level? **(see requirements below)** • If initiating treatment, prior to initiation • If maintaining treatment, at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence	❑ YES ❑ NO ❑ N/A, acute or post-op pain

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Note:

- **Authorizations for acute/post-op pain will be for a period of 30 days**
- **Authorizations for breakthrough pain associated with chronic pain will be for a period of 6 months**
- **Authorizations for active cancer, cancer in remission, sickle cell disease, palliative care, hospice care or long-term care will be for a period of 12 months**

Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.*

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.*

***Approved by Pharmacy and Therapeutics Committee:** 11/17/2016
REVISED/UPDATED: ~~1/26/2017; 4/28/2017; 5/26/2017; 6/27/2017; 8/9/2017; 12/27/2017; 10/30/2018; 5/24/2019; 3/2/2023; 10/31/2023; 01/01/2024, 1/22/2024; 3/19/2024; 7/01/2024,~~ **12/30/2025**

Non-opioid Treatment Options for Common Chronic Pain Conditions

Non-invasive Low back pain treatment recommendations: [i]

- Acute (with or without radiculopathy):
  - 1st Line (Non-pharmacologic): Keep in mind excellent natural history of disease. Acupuncture, massage, superficial heat shown to improve pain or function. Also consider Pilates, tai-chi, yoga, psychology referral.
  - 2nd Line (pharmacologic): NSAIDs, skeletal muscle relaxer
- Chronic (with or without radiculopathy):
  - 1st Line (Non-pharmacologic): Exercise, motor control exercises, tai-chi, yoga, psychology referral, multi-disciplinary rehabilitation, acupuncture, massage
  - 2nd Line (pharmacologic): NSAIDs, duloxetine

Post-herpetic neuralgia: [ii]

- Topical (1st line for mild pain): 5% lidocaine patch, capsaicin cream or patch
- Systemic: gabapentin, pregabalin*, amitriptyline, nortriptyline

Diabetic neuropathy: [iii]

- 1st Line: pregabalin
- 2nd Line: gabapentin, venlafaxine (SNRI), duloxetine, amitriptyline (TCA), capsaicin 0.075% cream

Fibromyalgia: [iv]

- Non-pharmacologic: Patient education (pertaining to lack of disease progression, lack of tissue damage), cognitive behavioral therapy (CBT), and cardiovascular exercise
- Pharmacologic: amitriptyline and cyclobenzaprine (TCAs), duloxetine (SNRI), gabapentin, pregabalin* (gabapentinoids), fluoxetine, sertraline, paroxetine (SSRIs)
- No evidence for use of opiates in fibromyalgia

Migraines: [v]

- Acute Treatment
- Mild – Moderate: acetaminophen, NSAIDs, caffeine, anti-emetics
- Severe: triptans, ergots, prochlorperazine, promethazine
- Preventative Treatment
- Propranolol, timolol, divalproex sodium, topiramate (Level A efficacy)
- Opiates can cause medication overuse headache

Osteoarthritis: [vi]

- Non-pharmacologic: Exercise, weight loss, water-based exercise, wedged insoles, walking aides, splints Pharmacologic: Topical capsaicin, topical NSAIDs (preferred age > 75), oral NSAIDs (non-selective or COX-2 selective), intraarticular corticosteroid injection, consider duloxetine

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