

# OPTIMA HEALTH COMMUNITY CARE AND OPTIMA FAMILY CARE (MEDICAID)

## 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. **Incomplete form will delay authorization process.** If the following information is not complete, correct, or legible, the PA process can be delayed. **Use one form per member.**

Opioids can provide short-term benefits for moderate to severe acute pain. Scientific evidence is lacking for the benefits of opioids for treatment of chronic pain. Based on the CDC Guidelines for Prescribing Opioids for Chronic Pain, **OPIOIDS ARE NOT RECOMMENDED AS FIRST-LINE TREATMENT FOR CHRONIC PAIN.** Please see <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm> for additional information.

**Drug Requested:**                    **Methadone, Methadose®**

**DRUG INFORMATION:** Complete information below or authorization process will be delayed.

**Strength/Form:** \_\_\_\_\_

**Quantity Requested:** \_\_\_\_\_                    **Total Daily Dose:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**\*\*Please verify that the daily dose limit is not exceeded. The list can be found at the web URL <http://providers.optimahealth.com/pharmacy/Pages/Formularies.aspx>**

**TREATMENT INFORMATION:** Check applicable boxes below to qualify or authorization process will be delayed.

**1. Prescriber's Specialty** (check applicable box below):

<input type="checkbox"/> <b>Oncologist</b>	<input type="checkbox"/> <b>Sickle Cell</b>	<input type="checkbox"/> <b>Chronic Pain Specialist</b>	<input type="checkbox"/> <b>Palliative Care</b>	<input type="checkbox"/> <b>Other:</b> _____
--------------------------------------------	---------------------------------------------	---------------------------------------------------------	-------------------------------------------------	----------------------------------------------

**2. Has member tried and failed at least 2 or more preferred long acting opioids\*? If Yes, check below:**  Yes    No

<input type="checkbox"/> fentanyl patches (generic Duragesic®)	<input type="checkbox"/> morphine sulfate solution or suppositories
<input type="checkbox"/> morphine sulfate CR tablets (generic MS Contin®)	<input type="checkbox"/> tramadol HCl SR tablets (generic Ultram® ER)
<input type="checkbox"/> morphine sulfate SR capsules (generic Kadian®)	<input type="checkbox"/> tramadol HCl biphasic SR capsules (generic Conzip®)
<input type="checkbox"/> morphine sulfate beads SR capsules (generic AVINza®)	<input type="checkbox"/> buprenorphine transdermal (Butrans®)

**\*Requires Prior Authorization. Form can be found at [www.optimaHealth.com](http://www.optimaHealth.com) under the heading "OPIOIDS"**

<p>3. Does prescriber attest that the patient has intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life limiting illnesses) or hospice care? <b>(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED.)</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Is patient in remission from cancer and prescriber is safely weaning patient off of opioids with a tapering plan? <b>(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED.)</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Is patient in a long-term care facility? <b>(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED.)</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. <b>REQUIRED:</b> Please provide the patient's Active Daily MME from the PMP:          _____   <a href="https://virginia.pmpaware.net/login">https://virginia.pmpaware.net/login</a>          If patient's Active Daily MME 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?  <i>(See PUMS Program info on last page)</i></p>	<p><b>(Document MME)</b>          _____  <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A, MME is less than 120</p>
<p>7. <b>REQUIRED:</b> Please provide patient's last fill date of Opioid prescription from the PMP: _____</p>	<p>_____          (Document Date)</p>
<p>8. <b>REQUIRED:</b> 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?  <i>(See PUMS Program info on last page)</i></p>	<p><b>(Document Date)</b>          _____  <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A, no benzodiazepine therapy</p>
<p>9. <b>REQUIRED:</b> 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?   <b>Naloxone injection 0.4mg/mL and 1mg/mL vials and syringes and Narcan® Nasal Spray (4 mg of naloxone hydrochloride/ 0.1 mL spray) are available without a prior authorization. Evzio® requires a prior authorization.</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>10. If patient is female between 18-45 years old, has the prescriber discussed risk of neonatal abstinence syndrome and provided counseling on contraceptive options?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

(continued on next page)

<p><b>11. REQUIRED:</b> For <u>chronic pain</u>, 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) <b>Sample Physician/Patient Agreement:</b>  <a href="http://www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf">www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf</a></p> <p>If no, please explain: _____</p> <p>_____</p>	<p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <hr/> <input type="checkbox"/> N/A, acute or post-op pain</p>
<p><b>12. REQUIRED:</b> For <u>chronic pain</u>, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level? (<i>see requirements below</i>)</p> <ul style="list-style-type: none"> <li>• If initiating treatment, prior to initiation</li> <li>• If maintaining treatment, at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence</li> </ul>	<p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <hr/> <input type="checkbox"/> N/A, acute or post-op pain</p>

**Note:**

- Authorizations for chronic pain that requires continuous around-the-clock analgesia will be for 6 months in length.
- Optima does **not** cover any form of methadone for the treatment of opioid addiction through pharmacy POS.

***\*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.\****

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

REVISED/UPDATED: ~~7/5/2017; 12/27/2017-1/30/2018~~ 8/27/2018.

## Patient Utilization Management and Safety (PUMS) Program

Optima Health Plan has a Patient Utilization Management & Safety (PUMS) program in place. The program makes sure that members are getting the proper health care, especially when it comes to patient safety.

### **PUMS Program Goal:**

PUMS deals with prescription drugs as well as other kinds of health care, making certain the member is getting treatment that is proper and safe. Optima Health's clinical staff reviews our members' use of health care services to see whether they should be in the PUMS program. For members in the PUMS program, Optima Health takes extra steps to make sure they use services safely.

### **Being considered for PUMS does NOT mean a member has done anything wrong.**

For any member who may be at risk for unsafe services, Optima Health must review whether the member should be in the PUMS program. In cases involving buprenorphine use, the member will automatically enrolled in the PUMS program.

### **How Might PUMS Change a Member's Care?**

Optima Health may offer case management services. Optima Health could set a single doctor for controlled substances to see the member, or a single pharmacy to provide controlled substance prescription drugs.

**PUMS Member Rights:** Optima Health will send every PUMS member a letter about the program. The letter will make clear how the member can get emergency care. The letter will also tell them how they can appeal being placed in the PUMS program.

**PLEASE NOTE:** Optima Health doctors and pharmacists now use the Prescription Monitoring Program (PMP). The PMP helps them make sure that prescription drugs are used safely. Among other Patient Utilization Management & Safety (PUMS) triggers we review patients who have:

**High Average Daily Dose:**  $\geq 120$  cumulative morphine milligram equivalents (MME) per day over the past 90 days.

## **AND/OR**

**Concurrent use of Opioids and Benzodiazepines** – at least 1 Opioid claim and 14 day supply of Benzo (in any order)

Our approach is to work collaboratively with patients and providers to ensure safe and appropriate use of controlled substances. We utilize and promote:

- A) PMP Checks
- B) Letters to Doctor & Member
- C) Soft and Hard Pharmacy edits for Benzodiazepine and Opioid utilization
- D) Following CDC Opioid Guidelines
- E) Case Management as appropriate

We greatly appreciate your collaboration and Health Care service to our members. As part of our PUMS safety review we hope to collaborate with you for complete patient information with the goal of validating safe and appropriate controlled substance use and coordinated patient care.

RESPECTFULLY,

Optima Health Plan CLINICAL STAFF

# Non-opioid Treatment Options for Common Chronic Pain Conditions

## Non-invasive Low back pain treatment recommendations:

- Acute (with or without radiculopathy):
  - 1<sup>st</sup> 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.
  - 2<sup>nd</sup> Line (pharmacologic): NSAIDs, skeletal muscle relaxer
- Chronic (with or without radiculopathy):
  - 1<sup>st</sup> Line (Non-pharmacologic): Exercise, motor control exercises, tai-chi, yoga, psychology referral, multi-disciplinary rehabilitation, acupuncture, massage
  - 2<sup>nd</sup> Line (pharmacologic): NSAIDs, duloxetine

## Post-herpetic neuralgia:

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

## Diabetic neuropathy:

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

## Fibromyalgia:

- 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:

- 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:

- 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

**\*Pregabalin requires a trial and failure of gabapentin and duloxetine**