OPTIMA HEALTH PLAN

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 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®** ***(MEDICAID ONLY)***

DRUG INFORMATION: Complete information below. If incomplete, 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 BELOW:***

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)***:

❑ **Oncologist**	❑ **Sickle Cell**	❑ **Chronic Pain Specialist**	❑ **Palliative Care**	❑ **Other:** _____

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

❑ fentanyl patches (generic Duragesic)	❑ morphine sulfate solution or suppositories
❑ morphine sulfate CR tablets (generic MS Contin)	❑ tramadol HCl SR tablets (generic Ultram ER)
❑ morphine sulfate SR capsules (generic Kadian)	❑ tramadol HCl biphasic SR capsules (generic Conzip)
❑ morphine sulfate beads SR capsules (generic Avinza)	❑ buprenorphine transdermal (Butrans)

****REQUIRES PRIOR AUTHORIZATION. FORM CAN BE FOUND AT WWW.OPTIMAHEALTH.COM UNDER THE HEADING "OPIOIDS"***

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? **(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED.)**	❑ YES ❑ NO
4. 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.)**	❑ YES ❑ NO
5. Is patient in a long-term care facility? **(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED.)**	❑ YES ❑ NO
6. REQUIRED: Please provide the patient's Active Daily MME from the PMP: _____ https://virginia.pmpaware.net/login 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? ***(See PUMS Program info on last page)***	**(Document MME)** _____ ❑ YES ❑ NO ❑ N/A, MME is less than 120
7. REQUIRED: Please provide patient's last fill date of Opioid prescription from the PMP:_____	_____ (Document Date)

Continued on next page. Signature MUST be submitted on page 2.

8. 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? ***(See PUMS Program info on last page)***	(Document Date) _____ ❑ YES ❑ NO ❑ N/A, no benzodiazepine therapy
9. 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? **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.**	❑ YES ❑ NO ❑ N/A
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?	❑ YES ❑ NO ❑ N/A
11. 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) **Sample Physician/Patient Agreement**: www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf If no, please explain:_____ _____	❑ YES ❑ NO _____ ❑ N/A, acute or post-op pain
12. 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

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 #: _____

***Approved by Pharmacy and Therapeutics Committee:** 11/17/2016
REVISED/UPDATED: ~~11/28/2016~~; ~~12/22/2016~~; ~~1/1/2017~~; ~~7/5/2017~~; ~~8/25/2017~~; **11/28/2017**;

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: ≥ 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:[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

*Pregabalin requires a trial and failure of gabapentin and duloxetine

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[i] Qaseem A, Wilt TJ, McLean RM, Forciea MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. 2017;166:514-530. doi: 10.7326/M16-2367

[ii] Johnson RW, Rice ASC. Clinical Practice: Postherpetic Neuralgia. N Engl J Med 2014;371:1526-33.

[iii] Griebeler ML, Morey-Vargas OL, Brito JP, Tsapas A, Wang Z, Carranza Leon BG, et al. Pharmacologic Interventions for Painful Diabetic Neuropathy: An Umbrella Systematic Review and Comparative Effectiveness Network Meta-analysis. Ann Intern Med. 2014;161:639-649. doi: 10.7326/M14-0511

[3] Bril V, England J, Franklin GM, et al. Evidence-based guideline: Treatment of painful diabetic neuropathy: Report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation . Neurology. 2011;76(20):1758-1765. doi:10.1212/WNL.0b013e3182166ebe.

[iv] Clauw DJ. FibromyalgiaA Clinical Review. JAMA. 2014;311(15):1547-1555. doi:10.1001/jama.2014.3266

[v] MacGregor EA. Migraine. Ann Intern Med. 2013;159:ITC5-1. doi: 10.7326/0003-4819-159-9-201311050-01005

[vi] Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of non-pharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. Arthritis Care Res (Hoboken). 2012 Apr;64(4):465-74