

9. Prescriber attests that a treatment plan with goals that addresses benefits and harm has been established with the patient and the following bullets are included. Plus, there is a **SIGNED** agreement with the patient. Yes No
- Established expected outcome and improvement in both pain relief and function or just pain relief as well as limitations (i.e., Function may improve yet pain persist OR pain may never be totally eliminated)
 - Established goals for monitoring progress toward patient-centered functional goals; e.g., walking the dog or walking around the block, returning to part-time work, attending family sports or recreational activities, etc.
 - Goals for pain and function, how opioid therapy will be evaluated for effectiveness and the potential need to discontinue if not effective.
 - Emphasize serious adverse effects of opioids (including fatal respiratory depression and opioid use disorder, OR alter the ability to safely operate a vehicle)
 - Emphasize common side effects of opioids (constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, withdrawal)

Sample Physician/Patient Agreement: www.drugabuse.gov/sites/default/files/files/samplepatientagreementforms.pdf

10. A presumptive urine drug screen (UDS) MUST be done at least annually. The UDS must check for the prescribed drug plus a minimum of 10 substances including heroin, prescription opioids, cocaine, marijuana, benzodiazepines, amphetamines, and metabolites. **A copy of the most recent UDS is attached.** Yes No
11. If your patient exhibits any of the following signs of opioids use disorder, please consider referring the patient to a substance use disorder treatment program.

<input type="checkbox"/> History of addiction to the requested drug	<input type="checkbox"/> Frequent requests for early refills	<input type="checkbox"/> Frequent requests for odd quantities
<input type="checkbox"/> Frequent reports of lost or stolen tablets	<input type="checkbox"/> Requests for short term or PRN use of long-acting narcotics	<input type="checkbox"/> Receiving opioids from more than one prescriber

Please explain any of the above check boxes: _____

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 opioid analgesics during pregnancy has been associated with Neonatal Opioid Withdrawal Syndrome. Providers **should** counsel women of childbearing age regarding the risks of becoming pregnant while receiving opioids, including the risk of Neonatal Opioid Withdrawal Syndrome. Providers should offer access to contraceptive services when necessary

****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