



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Analgesics - Opioid Long-Acting

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

| | |
|--|---|
| Patient Name: | Prescriber Name: |
| Member Number: | Fax: Phone: |
| Date of Birth: | Office Contact: |
| Line of Business: <input type="checkbox"/> Exchange - PA | NPI: State Lic ID: |
| Address: | Address: |
| City, State ZIP: | City, State ZIP: |
| Primary Phone: | Specialty/facility name (if applicable): |

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

| | |
|-------------------|--|
| Drug Name: | |
| Strength: | |
| Directions / SIG: | |

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

| |
|--|
| Q1. Additional Information: |
| Q2. Weight if less than 21 years of age: |
| Q3. Quantity per fill _____ to last _____ days |
| Q4. Request duration: |
| Q5. Diagnosis: |
| Q6. Diagnosis Code: |

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| Patient Name: | Prescriber Name: |
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Q7. Type of request:

Initial Request

Renewal Request

Q8. For a non-formulary Analgesic, Opioid Long-Acting :

For a non-formulary product containing buprenorphine: Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing buprenorphine

For a non-formulary product containing tramadol: Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting containing tramadol

For all other non-formulary Analgesics, Opioid Long-Acting: Tried and failed or has a contraindication or an intolerance to the preferred Analgesics, Opioid Long-Acting

Q9. For a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder (OUD) OR Vivitrol (naltrexone extended-release suspension for injection):

Both prescriptions are prescribed by the same prescriber

Prescriptions are prescribed by different prescribers and all prescribers are aware of the other prescription(s)

Not applicable – beneficiary is not taking a buprenorphine agent indicated for the treatment of OUD or Vivitrol

Q10. For all Analgesics, Opioid Long-Acting:

Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome

Is receiving palliative care or hospice services

Has documentation of pain that is all of the following: A - Caused by a medical condition; B - Not migraine in type; C - Severe

Has documentation of a trial of short-acting opioids

Is opioid-tolerant (for adults, is defined as taking at least morphine 60 mg/day, transdermal fentanyl 25 mcg/hour, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equianalgesic dose of another opioid for one week or longer)

Was assessed by the prescriber for the potential risk of opioid misuse or opioid use disorder



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Prescriber Name:

Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, that is consistent with prescribed controlled substances

Q11. For all Analgesics, Opioid Long-Acting: Tried and failed or has a contraindication or an intolerance to non-opioid analgesics appropriate for the beneficiary's condition:

- acetaminophen
- duloxetine (e.g., Cymbalta, Drizalma)
- gabapentinoids (e.g., gabapentin, pregabalin [Lyrica])
- NSAIDs (e.g., ibuprofen, naproxen, meloxicam, etc.)
- tricyclic antidepressants (e.g., amitriptyline, nortriptyline, etc.)
- other (specify):

Q12. For a beneficiary with a concurrent prescription for a benzodiazepine:

- The benzodiazepine is being tapered
- The opioid is being tapered
- Concomitant use of the benzodiazepine and opioid is medically necessary
- Not applicable – beneficiary is not taking a benzodiazepine

Q13. RENEWALS - For all Analgesics, Opioid Long-Acting:

- Has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome
- Is receiving palliative care or hospice services
- Experienced an improvement in pain control and/or level of functioning while on the requested medication
- Has results of a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse, including specific testing for oxycodone, fentanyl, buprenorphine, and tramadol, at least every 12 months that is consistent with prescribed controlled substances

Q14. RENEWALS - For a beneficiary with a concurrent prescription for a benzodiazepine:

- The benzodiazepine is being tapered
- The opioid is being tapered



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| | |
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| Patient Name: | Prescriber Name: |
| <input type="checkbox"/> Concomitant use of the benzodiazepine and opioid is medically necessary | |
| <input type="checkbox"/> Not applicable – beneficiary is not taking a benzodiazepine | |
| Q15. Additional Information: | |

Prescriber Signature

Date

v2025