### Medication Information (required)

- **Medication Name:**
- **Strength:**
- **Dosage Form:**
- **Check if requesting brand**
- **Directions for Use:**
- **Check if request is for continuation of therapy**

### Clinical Information (required)

- **Select the diagnosis below:**
  - Pain [Dilaudid (hydromorphone) only]
  - Severe pain in opioid-tolerant patients requiring a long-term, daily, around-the-clock opioid analgesic and for which other treatment options (e.g., non-opioid analgesics or immediate-release opioids) are inadequate [Exalgo (Hydromorphone extended release) only]
  - Other diagnosis: ______________________________
  - ICD-10 Code(s): ___________________________________

If the patient has End-Stage Renal Disease (ESRD), select all that apply:
- The medication is being used to treat one of the following: graft site pain or pain medication overdose
- The dialysis provider (i.e., nephrologist, nurse practitioner, physician assistant, or dialysis center) receives a monthly capitation payment to manage the ESRD patient's care

### Select the medications the patient has a failure, contraindication, or intolerance to:

- Codeine sulfate
- Embeda
- Fentanyl patch
- Hydrocodone-acetaminophen (APAP) 300mg
- Hydrocodone-APAP 325mg
- Hydrocodone-ibuprofen 5-200mg
- Hydrocodone-ibuprofen 7.5-200mg
- Hydrocodone-ibuprofen 10-200mg
- Hydromorphone ER
- Hydromorphone immediate-release (IR)
- Hysonla ER
- Ibufone
- Levorphanol
- Lorcet
- Lorcet HD
- Lorcet Plus
- Morphabond ER
- Morphine sulfate ER capsule (generic Avinza)
- Morphine sulfate ER capsule (generic Kadian)
- Morphine sulfate ER tablet
- Morphine sulfate IR
- MS Contin
- Nucynta
- Nucynta ER
- Oxycodone ER
- Oxycodeone IR
- Oxyclone-APAP
- Oxycodeone-aspirin
- Oxycodeone-ibuprofen
- Oxycontin
- Oxymorphone ER
- Oxymorphone IR
- Primlev
- Vicidon
- Vicodin ES
- Vicodin HP
- Xtampza ER
- Zamicet
- Zohydro ER
**Dilaudid® (hydromorphone) & Exalgo® (hydromorphone extended-release [ER])**

**Prior Authorization Request Form (Page 2 of 2)**

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

<table>
<thead>
<tr>
<th>Quantity limit requests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the quantity requested per DAY? ____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the patient’s diagnosis include malignant (cancer) pain?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was the medication prescribed by a pain specialist or by pain management consultation?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Select all of the following that have been maintained and documented in chart notes:**

- [ ] A description of the nature and intensity of the pain
- [ ] An appropriate patient medical history and physical examination
- [ ] An updated, comprehensive treatment plan (the treatment plan should state objectives that will be used to determine treatment success, such as pain relief or improved physical and/or psychosocial function)
- [ ] Appropriate dose escalation
- [ ] Ongoing, periodic review of the course of opioid therapy
- [ ] Verification that the risks and benefits of the use of the requested drug have been discussed with the patient, significant other(s), and/or guardian

**Chart documentation:***

- [ ] Will chart documentation be submitted to OptumRx® with this form, confirming the above information? Yes | No

**Please note:** Chart documentation of the above is required to be submitted for quantity limit requests for this drug.

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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**Please note:**

- This request may be denied unless all required information is received.
- If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
- For urgent or expedited requests please call 1-800-711-4555.
- This form may be used for non-urgent requests and faxed to 1-800-527-0531.