



Exalgo® (hydromorphone extended-release [ER]) Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
Select the diagnosis below:					
<input type="checkbox"/> 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					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
If the patient has End-Stage Renal Disease (ESRD), select all that apply:					
<input type="checkbox"/> The medication is being used to treat one of the following: graft site pain or pain medication overdose					
<input type="checkbox"/> 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:					
<input type="checkbox"/> Embeda					
<input type="checkbox"/> Fentanyl patch					
<input type="checkbox"/> Hydromorphone ER					
<input type="checkbox"/> Hysingla ER					
<input type="checkbox"/> Kadian					
<input type="checkbox"/> Levorphanol					
<input type="checkbox"/> Morphabond ER					
<input type="checkbox"/> Morphine sulfate ER capsule (generic Avinza)					
<input type="checkbox"/> Morphine sulfate ER capsule (generic Kadian)					
<input type="checkbox"/> Morphine sulfate ER tablet					
<input type="checkbox"/> MS Contin					
<input type="checkbox"/> Nucynta ER					
<input type="checkbox"/> Oxycodone ER					
<input type="checkbox"/> Oxycontin					
<input type="checkbox"/> Oxymorphone ER					
<input type="checkbox"/> Xtampza ER					
<input type="checkbox"/> Zohydro ER					



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Quantity limit requests:

What is the quantity requested per DAY? _____

Does the patient's diagnosis include malignant (cancer) pain? Yes No

Is the medication being used to treat postoperative pain? Yes No

If yes, answer the following:

Is the medication being prescribed for pain related to a dental procedure? Yes No

Is the requested dose being prescribed the same dose that the patient was stable on prior to discharge? Yes No

Was the medication prescribed by a pain specialist or by pain management consultation? Yes No

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?

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.

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