



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Hydrocodone-Acetaminophen Products 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 <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information <small>(required)</small>
<b>Select the diagnosis below:</b>
<input type="checkbox"/> Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____

<b>Select the medications the patient has a failure, contraindication, or intolerance to:</b>		
<input type="checkbox"/> Acetaminophen (APAP)-codeine	<input type="checkbox"/> Hydrocodone-ibuprofen 7.5-200mg	<input type="checkbox"/> Synalgos-DC
<input type="checkbox"/> Hydrocodone-APAP 7.5-325mg solution	<input type="checkbox"/> Hydrocodone-ibuprofen 10-200mg	<input type="checkbox"/> Tramadol-APAP
<input type="checkbox"/> Hydrocodone-APAP 10-325mg solution	<input type="checkbox"/> Ibudone	<input type="checkbox"/> Trezix
<input type="checkbox"/> Hydrocodone-APAP 2.5-325mg tablet	<input type="checkbox"/> Lorcet	<input type="checkbox"/> Tylenol-codeine #3
<input type="checkbox"/> Hydrocodone-APAP 5-300mg tablet	<input type="checkbox"/> Lorcet HD	<input type="checkbox"/> Tylenol-codeine #4
<input type="checkbox"/> Hydrocodone-APAP 5-325mg tablet	<input type="checkbox"/> Lorcet Plus	<input type="checkbox"/> Ultracet
<input type="checkbox"/> Hydrocodone-APAP 7.5-300mg tablet	<input type="checkbox"/> Norco	<input type="checkbox"/> Vicodin
<input type="checkbox"/> Hydrocodone-APAP 7.5-325mg tablet	<input type="checkbox"/> Oxycodone-APAP	<input type="checkbox"/> Vicodin ES
<input type="checkbox"/> Hydrocodone-APAP 10-300mg tablet	<input type="checkbox"/> Oxycodone-aspirin	<input type="checkbox"/> Vicodin HP
<input type="checkbox"/> Hydrocodone-APAP 10-325mg tablet	<input type="checkbox"/> Oxycodone-ibuprofen	<input type="checkbox"/> Zamicet
<input type="checkbox"/> Hydrocodone-ibuprofen 5-200mg	<input type="checkbox"/> Primlev	

<b>Quantity limit requests:</b>
<i><b>Note:</b> If the patient exceeds the maximum FDA approved dosing of 4 grams of acetaminophen per day because he/she needs extra medication due to reasons such as going on a vacation, replacement for a stolen medication, provider changed to another medication that has acetaminophen, or provider changed the dosing of the medication that resulted in acetaminophen exceeding 4 grams per day, please have the patient's pharmacy contact the OptumRx Pharmacy Helpdesk at (800) 788-7871 at the time they are filling the prescription for a one-time override.</i>
What is the quantity requested per DAY? _____
Does the patient's diagnosis include malignant (cancer) pain? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>&lt;Continued on next page&gt;</b>



## Hydrocodone-Acetaminophen Products Prior Authorization Request Form (Page 2 of 2)

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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*<sup>®</sup> 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.

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This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

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