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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

## Opioid Care Coordination, Morphine Milligram Equivalent (MME)/ 7 Day Supply Limit/ Opioid Drug Interactions 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:	

Clinical Information <small>(required)</small>
<b><u>Answer ALL questions in this box below for ALL types of opioid requests</u></b>
<p><b>Cancer Pain/End of life care (palliative care):</b>            Is the requested drug being prescribed for pain associated with <u>active</u> cancer or end of life/palliative care? <input type="checkbox"/> Yes <input type="checkbox"/> No            Is the patient currently enrolled in hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No            Does the provider confirm that the opioid is NOT used to manage symptoms associated with the patient's terminal condition or condition(s) related to the terminal illness? <input type="checkbox"/> Yes <input type="checkbox"/> No            Is the prescriber affiliated with the hospice provider? <input type="checkbox"/> Yes <input type="checkbox"/> No            If the prescriber is NOT affiliated with the hospice provider, does the prescriber attest coordination with the hospice provider confirming that the medication is unrelated to the terminal illness or related conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Long Term Care facility:</b>            Is the patient in a long-term care facility (e.g., hospital or skilled nursing facility where patient is receiving skilled nursing care)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Opioid Care Management & Morphine Milligram Equivalent Requests
<p><i>At the time of dispensing, high cumulative opioid dosing has been identified prompting a safety review. This review is to ensure the cumulative opioid utilization is safe and appropriate for your patient. The cumulative morphine milligram equivalent (MME) value is calculated based on the number of opioid drugs prescribed by one or more prescribers over a period of time. The MME value includes incoming claims and claim history. <b>Your patient has exceeded the established daily cumulative MME dosage and is receiving opioid drugs from 2 or more prescribers.</b></i></p>
<p><b>Opioid Care Coordination: For cumulative opioid doses between 90-200 MME</b>            Does the provider attest that in his/her clinical judgment, the requested current cumulative dosage exceeding 90 Morphine Milligram Equivalent (MME) is medically required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Cumulative MME: For cumulative opioid dosage greater than 200 MME</b>            Does the provider attest that in his/her clinical judgment, the current daily Morphine Milligram Equivalent (MME) dosage exceeding the current daily MME threshold is medically necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No            Will there be a dose escalation in the patient's opioid utilization in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Level of Care Change:</b>            Does the provider confirm that replacement prescription(s) of opioid medication(s) is needed because the patient is physically changing locations and cannot take their prescription with them [e.g., admission to a long term care (LTC) facility]? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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## Opioid Care Coordination, Morphine Milligram Equivalent (MME)/ 7 Day Supply Limit/ Opioid Drug Interactions Prior Authorization Request Form (Page 2 of 2)

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### 7 Day Supply Limit Requests

At the time of dispensing, your patient was identified as new to opioid therapy. They are allowed a 7 day supply for a first fill based on a lack of previous history over a 120 day period, prompting a safety review. This review is to ensure the opioid utilization is safe and appropriate for your patient. **Your patient has exceeded the initial 7 day supply limit.**

#### Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested day supply exceeding the current 7 day supply limit is medically necessary?  Yes  No

### Concurrent use of opioids plus benzodiazepines

At the time of dispensing, your patient was identified as utilizing an opioid AND a benzodiazepine, prompting a safety review. This review is to ensure the opioid utilization is safe and appropriate for your patient. **Your patient is taking both an opioid and a benzodiazepine.**

#### Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested concurrent use of opioid plus benzodiazepine, is safe and medically necessary?  Yes  No

Does the provider attest that either the benzodiazepine or opioid drug interacting with each other will be discontinued?  Yes  No

### Duplicate long-acting opioid use

At the time of dispensing, your patient was identified as utilizing 2 or more long-acting opioids concurrently, prompting a safety review. This review is to ensure the opioid utilization is safe and appropriate for your patient. **Your patient is currently on 2 or more long-acting opioids.**

#### Provider attestation:

Does the provider attest that in his/her clinical judgment, the overlap of two or more long-acting opioid therapy, is medically necessary?  Yes  No

Does the provider attest that therapy will change to include only one long-acting opioid drug?  Yes  No

### Concurrent use of opioids plus buprenorphine used for Medication-Assisted-Treatment (MAT)

At the time of dispensing, your patient was identified as utilizing an opioid plus a buprenorphine containing product (used for MAT of opioid dependence) concurrently, prompting a safety review. This review is to ensure the opioid utilization is safe and appropriate for your patient. **Your patient is currently on an opioid plus a buprenorphine containing product.**

#### Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested concurrent use of opioid plus buprenorphine containing products (used for medication-assisted treatment of opioid dependence), is safe and medically necessary for this patient?  Yes  No

Does the provider attest that either the buprenorphine or opioid drug interacting with each other will be discontinued?  Yes  No

### Acetaminophen doses exceeding 4 grams per day

**Note:** 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.**

#### Please note:

**This request may be denied unless all required information is received within established Medicare timelines.**

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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