



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations. Visit 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 3)

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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>
<u>Answer ALL questions in this box below for ALL types of opioid requests</u>
<p>Cancer Pain/End of life care (palliative care): 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>Long Term Care facility: 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>

<u>Opioid Care Management & Morphine Milligram Equivalent Requests</u>
<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. Your patient has exceeded the established daily cumulative MME dosage and is receiving opioid drugs from 2 or more prescribers.</i></p>
<p>Opioid Care Coordination: For cumulative opioid doses between 90-200 MME 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>Cumulative MME: For cumulative opioid dosage greater than 200 MME 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>Level of Care Change: 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>

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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Opium Care Coordination/ Morphine Milligram Equivalent (MME)/ 7 Day Supply Limit/ Opium Drug Interactions Prior Authorization Request Form (Page 2 of 3)

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7 Day Supply Limit Requests

At the time of dispensing, your patient was identified as new to opium 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 opium 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 opiums plus benzodiazepines

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

Provider attestation:

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

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

Duplicate long-acting opium use

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

Provider attestation:

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

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

Opium-Medication Assisted Treatment (MAT) Combination Therapy

At the time of dispensing, your patient was identified as utilizing an opium after medication assisted treatment (MAT) [buprenorphine], prompting a safety review. This review is to ensure the opium utilization is safe and appropriate for your patient. **Your patient was currently prescribed an opium while on MAT (buprenorphine) therapy.**

Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested opium prescription filled after MAT (buprenorphine) therapy was dispensed is medically necessary? Yes No

Opium-APAP Combination Therapy

At the time of dispensing, your patient was identified as utilizing a combination of opium plus Acetaminophen (APAP), where the APAP exceeds 4000mg prompting a safety review. This review is to ensure the opium utilization is safe and appropriate for your patient. **Your patient is currently on an opium-APAP combination therapy, where the APAP exceeds 4000mg.**

Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested combination of opium plus APAP therapy, where the APAP exceeds 4000mg is medically necessary? Yes No

Opium-Prenatal Vitamin Combination Therapy

At the time of dispensing, your patient was identified as utilizing an opium plus prenatal vitamin therapy, prompting a safety review. This review is to ensure the opium utilization is safe and appropriate for your patient. **Your patient is currently on an opium plus prenatal vitamin therapy.**

Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested combination of opium plus prenatal vitamin therapy is medically necessary? Yes No

Does the provider attest that the patient has discontinued the opium or that the patient is not pregnant? Yes No

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Opioid Care Coordination/ Morphine Milligram Equivalent (MME)/ 7 Day Supply Limit/ Opioid Drug Interactions Prior Authorization Request Form (Page 3 of 3)

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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.