



Ohio Opioids

Fax completed form to: (855) 840-1678
 If this is an URGENT request, please call (800) 882-4462
 (800.88.CIGNA)

| PHYSICIAN INFORMATION | | | PATIENT INFORMATION | | |
|---|--------------------|------|---|------------------|------|
| * Physician Name: | | | *Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.* | | |
| Specialty: | * DEA, NPI or TIN: | | | | |
| Office Contact Person: | | | * Patient Name: | | |
| Office Phone: | | | * Cigna ID: | * Date of Birth: | |
| Office Fax: | | | * Patient Street Address: | | |
| Office Street Address: | | | City: | State: | Zip: |
| City: | State: | Zip: | Patient Phone: | | |
| Urgency: <input type="checkbox"/> Standard <input type="checkbox"/> Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function) | | | | | |
| Medication requested: <input type="checkbox"/> Abstral <input type="checkbox"/> Actiq <input type="checkbox"/> Arymo ER <input type="checkbox"/> ConZip <input type="checkbox"/> Fentora <input type="checkbox"/> Exalgo (brand name) <input type="checkbox"/> Kadian (brand name) <input type="checkbox"/> Lazanda <input type="checkbox"/> levorphanol, used on as needed basis for pain (IR) | | | <input type="checkbox"/> levorphanol, used as long-term, around-the-clock treatment for pain (ER) <input type="checkbox"/> MS Contin (brand name) <input type="checkbox"/> Nucynta ER <input type="checkbox"/> Opana ER (brand name) <input type="checkbox"/> Oxycontin <input type="checkbox"/> Roxicodone (brand name) <input type="checkbox"/> Subsys <input type="checkbox"/> Zohyrdo ER <input type="checkbox"/> any other opioid: _____ | | |
| Strength: | | | ICD10: | | |
| Dosing instructions: | | | | | |
| Quantity per month requested: | | | | | |
| Expected duration: | | | | | |
| Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Clinical Information: Is the prescriber aware of the risk of increased opioid toxicity with the concurrent use of a benzodiazepine? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the prescribing physician attest that the continued use of this combination therapy is clinically necessary for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Which of the following applies to your patient? <input type="checkbox"/> patient is in a hospice care program <input type="checkbox"/> patient has a diagnosis of a terminal condition * <input type="checkbox"/> patient has cancer <input type="checkbox"/> patient has a condition associated with cancer or history of cancer <input type="checkbox"/> none of the above ** *(if terminal condition) Is your patient in a hospice care program? <input type="checkbox"/> Yes <input type="checkbox"/> No **(if none of the above) Does your patient have chronic pain without a cancer diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If chronic pain without cancer: Have non-opioid therapies been optimized and are being used in conjunction with opioid therapy according to the prescribing physician? Non-opioid therapies include: non-opioid medications (for example: nonsteroidal anti-inflammatory drugs [NSAIDs], tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors [SNRIs], anticonvulsants), exercise therapy, weight loss, cognitive behavioral therapy. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Is your patient also taking a benzodiazepine while using an opioid? (benzodiazepines include: alprazolam, Ativan, chlordiazepoxide, clobazam, clonazepam, clorazepate, diazepam, estazolam, flurazepam, Halcion, Klonopin, Librax, lorazepam, midazolam, Onfi, oxazepam, Restoril, Symptazan, temazepam, Tranxene, triazolam, Valium, Xanax) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Does your patient's opioid dose exceed 80 MME (morphine milligram equivalent)? Yes No
(if >80MME) Can the prescribing physician attest that this dose is the lowest effective or appropriate dose for this patient? Yes No

Has the prescribing physician re-established informed consent with the patient AND provided written information on the potential adverse effects of long-term opioid therapy? Yes No

Can the prescribing physician attest that the patient's functional status (including activities of daily living, adverse effects, analgesia, and aberrant behavior) have been reviewed and documented? Yes No

Has the prescribing physician reviewed the patient's progress toward treatment objectives for the duration of treatment? Yes No

Has the prescribing physician checked the patient's history of controlled substance prescriptions using the Ohio Automated Rx Reporting System (OARRS) state prescription drug monitoring program? Yes No

Has the prescribing physician evaluated the use of a patient pain treatment agreement? Yes No

Has the prescribing physician considered an evaluation of the patient by one or more other providers who specialize in the treatment of the area, system, or organ of the body perceived as the source of the pain? Yes No

Which of the following alternatives has your patient tried?

- | | |
|--|--|
| <input type="checkbox"/> fentanyl lozenges (generic Actiq) | <input type="checkbox"/> oxycodone/acetaminophen (generic Percocet) |
| <input type="checkbox"/> hydromorphone (generic Dilaudid) | <input type="checkbox"/> oxymorphone (generic Opana) |
| <input type="checkbox"/> hydrocodone/acetaminophen (generic Lorcet, Norco, Vicodin, Xodol) | <input type="checkbox"/> Subsys |
| <input type="checkbox"/> Hysingla ER | <input type="checkbox"/> tramadol 50 mg tablets (generic Ultram) |
| <input type="checkbox"/> Morphabond ER | <input type="checkbox"/> tramadol 100 mg, 200 mg or 300 mg extended release (ER) tablets (generic Ryzolt) |
| <input type="checkbox"/> morphine (generic MSIR) | <input type="checkbox"/> tramadol 100 mg, 200 mg or 300 mg extended release (ER) capsules (generic ConZip) |
| <input type="checkbox"/> oxycodone (generic OxyIR, Roxicodone) | <input type="checkbox"/> Xtampza ER |

For each alternative above that the patient has tried, please provide the following details: drug name, date(s) taken and for how long, and what the documented results were of taking each drug, including any documented intolerances or adverse reactions your patient experienced.

If requesting Actiq:

Is this medication being used for management of breakthrough cancer pain? Yes No

(if yes) What is the cancer diagnosis? _____

(if no) What is the diagnosis related to use? _____

Per the information given above, did your patient have documented inadequate response or intolerance to Subsys? Yes No (see last question)

If requesting Abstral, Fentora, Lazanda:

Is this medication being used for management of breakthrough cancer pain? Yes No

(if yes) What is the cancer diagnosis? _____

(if no) What is the diagnosis related to use? _____

Per the information given above, did your patient have documented inadequate response or intolerance to generic fentanyl lozenge? Yes No (see last question)

Per the information given above, did your patient have documented inadequate response or intolerance to Subsys? Yes No (see last question)

If requesting ConZip:

Per the information given above, did your patient have a documented intolerance to tramadol 100 mg, 200 mg or 300 mg ER CAPSULES (generic ConZip)? Yes No (see last question)

Per the information given above, did your patient have a documented intolerance to tramadol 50 mg tablets (generic Ultram)? Yes No (see last question)

Per the information given above, did your patient have a documented intolerance to tramadol 100 mg, 200 mg or 300 mg ER TABLETS (generic Ryzolt)? Yes No (see last question)

If requesting levorphanol as ER or any of the following: Arymo ER, Exalgo, Kadian, MS Contin, Nucynta ER, Opana ER, Oxycontin, Zohydro ER

Per the information given above, did your patient have documented failure or intolerance to any of the following: Hysingla ER, Morphabond ER, Xtampza ER?

- Yes, to ALL 3 of these
 Yes, to only 1 or 2 of these (see last question)
 No, none of these (see last question)

If requesting levorphanol as IR or Roxicodone:

Per the information given above, did your patient have documented intolerance to any of the following drugs checked as tried? (see last question)

- hydromorphone (generic Dilaudid)
- hydrocodone/acetaminophen (generic Lorcet, Norco, Vicodin, Xodol)
- morphine (generic MSIR)
- oxycodone (generic OxyIR, Roxicodone)
- oxycodone/acetaminophen (generic Percocet)
- oxymorphone (generic Opana)

If requesting Subsys:

Is this medication being used for management of breakthrough cancer pain?

Yes No

(if yes) What is the cancer diagnosis? _____

(if no) What is the diagnosis related to use? _____

Per the information given above, did your patient have documented inadequate response or intolerance to generic fentanyl lozenge?
 Yes No (see last question)

For the listed alternatives in the above questions that were NOT tried:

Is your patient able to try those drugs?

Yes No

(if no) Please list all documented inability or contraindication per FDA label that your patient has to using each of those alternatives, including any reasons your patient is not a candidate to use those alternatives.

Additional pertinent information: *(please include other clinical reasons for drug, relevant lab values, etc.)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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