



PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/17  
LAST REVIEW DATE: 9/20/18  
LAST CRITERIA REVISION DATE: 9/20/18  
ARCHIVE DATE:

---

## **OXAYDO® (oxycodone hydrochloride) oral tablet ROXYBOND™ (oxycodone hydrochloride) oral tablet**

---

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

**BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.**

---

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com). **Incomplete forms or forms without the chart notes will be returned.**

---

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

**Criteria:**

- **Criteria for initial therapy:** Oxyado and RoxyBond are considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual is 18 years of age or older
  2. A confirmed diagnosis of **ONE** of the following:
    - cancer related pain
    - confirmed diagnosis severe enough to require an opioid analgesic
  3. Failure, contraindication, or intolerance to **at least 3** medications listed below:
    - Acetaminophen with codeine
    - Hydrocodone with APAP
    - Hydromorphone immediate release
    - Morphine immediate release
    - Opana immediate release
    - Oxycodone immediate release
    - Tramadol immediate release
  4. Failure, contraindication, or intolerance to at least **2 Non-Opioid therapies** as per diagnosis:
    - **MIGRAINES:**
      - PREVENTATIVE TREATMENTS
        - Anticonvulsant (Topiramate)
        - Beta-Blockers (Propranolol, Atenolol)
        - TCAs (Amitriptyline, Imipramine)
        - Calcium Channel Blockers (Amlodipine, Verapamil)
        - Non pharmacological treatments (Cognitive behavioral therapy, Relaxation, Biofeedback, Exercise therapy)
      - ACUTE TREATMENTS
        - Aspirin, Acetaminophen, NSAIDS (Naproxen, Ibuprofen, Meloxicam, Diclofenac) may be combined with caffeine
        - Anti-nausea medication (Ondansetron, Promethazine)
        - Triptans - migraine-specific (Rizatriptan, Sumatriptan)
    - **NEUROPATHIC PAIN:**
      - TCAs (Amitriptyline, Imipramine)
      - SNRIs (Duloxetine, Venlafaxine)
      - Gabapentin/Lyrica
      - Topical Aspercreme 4% cream or Patches
      - Non pharmacological treatments (Exercise, Weight loss, patient education)
    - **OSTEOARTHRITIS:**
      - FIRST LINE

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

- Acetaminophen
  - Oral NSAIDs (Naproxen, Ibuprofen, Meloxicam, Diclofenac)
  - Topical NSAIDs (Diclofenac Gel)
  - SECOND LINE
    - Intra-articular hyaluronic acid (OA of the knee only)
    - Capsaicin
  - **FIBROMYALGIA:**
    - Duloxetine
    - Lyrica
    - Gabapentin
    - TCAs (Amitriptyline, Imipramine)
    - Non pharmacological treatments (Low impact aerobic exercise such as brisk walking, swimming, water aerobics or bicycling. Cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation)
5. **For non-cancer pain:** A **treatment plan**, including:
- Pain intensity (scales or ratings)
  - Functional status (physical and psychosocial)
  - Patient's goal of therapy (level of pain acceptable and/or functional status)
  - Current non-pharmacological treatment
6. **For non-cancer pain:** Physician-patient **pain management contract** must be provided
7. **For non-cancer pain:** Documentation must be included for **random urine or blood tests** twice a year
8. **For non-cancer pain:** Documentation of **PDMP reviewed** by the prescriber every time a prescription for controlled substance is provided
9. **For non-cancer pain:** **One pharmacy (and another 24-hour closest pharmacy)** must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan\*)
10. **For non-cancer pain:** Individual has been evaluated and must **not** have an active addiction to illicit substances or prescription drugs or a drug seeking behavior
11. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a plan to taper use and coordinate care
12. There is documentation that coordination of care will be performed between different prescribers for **ALL** controlled substances
13. Absence of **ALL** contraindications and warnings

**Initial approval duration:**

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

- Oxyado and RoxyBond will be approved at the requested dosage for 6 months for pain not related to cancer
  - Oxyado and RoxyBond will be approved at the requested dosage for 12 months for pain related to cancer
  - For non-cancer pain, one pharmacy (and another 24-hour closest pharmacy) must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan\*)
- **Criteria for continuation of coverage (renewal request):** Oxyado and RoxyBond are considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual's pain is controlled with these products
  2. The condition has not progressed or worsened while on therapy and no development of severe side effects like:
    - Apnea, dyspnea, epistaxis, hemoptysis, hyperventilation, hypoxia, upper respiratory infection etc.
    - Confusion/speech disturbance
    - Dehydration
    - Atrial fibrillation/arrhythmia/chest pain
    - Ascites
  3. **For non-cancer pain:** A treatment plan, including:
    - Pain intensity (scales or ratings)
    - Functional status (physical and psychosocial)
    - Patient's goal of therapy (level of pain acceptable and/or functional status)
    - Current non-pharmacological treatment
  4. **For non-cancer pain:** Physician-patient pain management contract must be provided
  5. **For non-cancer pain:** Documentation must be included for random urine or blood tests twice a year
  6. **For non-cancer pain:** Documentation of PDMP reviewed by the prescriber every time a prescription for controlled substance is provided
  7. **For non-cancer pain:** One pharmacy (and another 24-hour closest pharmacy) must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan\*)
  8. **For non-cancer pain:** Individual has been evaluated and must **not** have an active addiction to illicit substances or prescription drugs or a drug seeking behavior
  9. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a plan to taper use and coordinate care

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/17  
LAST REVIEW DATE: 9/20/18  
LAST CRITERIA REVISION DATE: 9/20/18  
ARCHIVE DATE:

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

10. There is documentation that coordination of care is being performed between different prescribers for **ALL** controlled substances

**Renewal duration:**

- Oxyado and RoxyBond will be approved at the requested dosage for 12 months for pain not related to cancer
- Oxyado and RoxyBond will be approved at the requested dosage for 12 months for pain related to cancer
- For non-cancer pain, one pharmacy (and another 24-hour closest pharmacy) must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan\*)

\*For Qualified Health Plans (**QHP**) for Individuals/Families and Small Groups:

**"Narcotics Designated Network Program"** is a program that requires certain members taking narcotic medications to obtain prescriptions for all covered narcotic medications from one designated eligible physician or other provider and to obtain all covered narcotic medications from one network pharmacy designated by BCBSAZ and/or the PBM.

---

**Description:**

Oxyado and RoxyBond (oxycodone hydrochloride) is an opioid agonist indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Oxycodone is a full opioid agonist and is relatively selective for the mu-opioid receptor, although it can bind to other opioid receptors at higher doses. The principal therapeutic action is analgesia.

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Oxyado and RoxyBond (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or non-opioid combination products) have not been tolerated or are not expected to be tolerated, or have not provided adequate analgesia or are not expected to provide adequate analgesia.

Pain is a subjective episode described as an unpleasant, multi-dimensional, sensory, and emotional experience associated with actual or potential tissue damage or described in relation to such damage. The perception of pain is further influenced by physical, psychological, social, cultural, and hereditary factors. Persistent pain will often require treatment with regularly scheduled analgesics and supplemental analgesics for breakthrough periods.

Opioid analgesic medications relieve a wide variety of pain syndromes and are generally accepted for the treatment of severe acute pain. There are many agents available with brand and generic options for the treatment of pain. Several of these are available as both immediate- (or short-) acting and long-acting formulations. There are clinically meaningful differences in potency, time to onset, elimination and duration of action among the various compounds. There is no reliable comparative evidence demonstrating that one opioid is more effective than another opioid analgesic.

Specific central nervous system (CNS) opiate receptors and endogenous compounds with morphine-like activity have been identified throughout the brain and spinal cord and are likely to play a role in the expression and

---

**OXAYDO® (oxycodone hydrochloride) oral tablet  
ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

perception of pain. Opioid receptors have also been identified within the peripheral nervous system (PNS). The primary site of therapeutic action of opioids is within the CNS. Opioid agonists are thought to reduce pain by acting primarily through interaction with opioid mu-receptors located in the brain, spinal cord, and smooth muscle.

In theory, opioids have no maximum or ceiling dose; however recent guidelines suggest close evaluation of individuals using large doses of opioid medications to identify unique opioid related adverse effects.

Opioid agonists produce respiratory depression by direct action on the brain stem respiratory center. All opioids have the potential to cause respiratory depression, abuse and physical dependence. None have been proven to be safer than another. One method employed by manufacturers to mitigate abuse of opioids has been formulating products that are difficult to extract the main opioid ingredient from the original form. No opioid formulation or reformulation prevents use of large dosage units which is the most common method of abuse. There is concern that use of abuse deterrent formulations may shift use to other opioids, including heroin.

Providers should individualize treatment of pain in every case, using non-opioid analgesics, opioids on an as needed basis, combination products, and when appropriate chronic opioid therapy in a progressive comprehensive plan of pain management. The World Health Organization's (WHO) guidelines for cancer pain management recommends a three-stepped approach with consideration for the type of pain and response to therapy. Initial therapy includes non-opioid analgesics such as non-steroidal anti-inflammatory drugs (NSAIDs). For mild to moderate pain, oral combinations of acetaminophen and NSAIDs with opioids are recommended. For moderate to severe pain, opioid analgesics are recommended. Titration of dose and frequency is individualized to the patient's response and development of adverse effects. For patients with inadequate pain relief and intolerable opioid-related toxicity/adverse effects, a switch to an alternative opioid may be an option for obtaining symptomatic relief.

Oxyado and RoxyBond (oxycodone hydrochloride) is formulated with inactive ingredients that make the tablet more difficult to manipulate for misuse and abuse even if the tablet is subjected to physical manipulation and/or chemical extraction. The tablets are resistant to cutting, crushing, grinding, or breaking. In addition, intact, manipulated tablets resist extraction from use of selected household and laboratory solvents. Other oxycodone immediate-release products are available. Oral formulations include immediate-release capsule and tablet, oral solution, and an oral abuse deterrent 5 mg and 7.5 mg tablets. Oxyado (oxycodone hydrochloride) is available in 5 mg and 7.5 mg strengths. RoxyBond (oxycodone hydrochloride) is available in 5 mg, 15 mg, and 30 mg strengths. Relative to other oxycodone immediate-release tablets, RoxyBond (oxycodone hydrochloride) formulation forms a viscous material that resists passage through a needle, making it more difficult to prepare solutions for intravenous injection.

---

**Definitions:**

**CDC Recommendations for Opioid Prescribing for Chronic Pain:**

**A. Determining when to initiate or continue opioids for chronic pain**

1. Opioids are not first-line or routine therapy for chronic pain
2. Establish and measure goals for pain and function
3. Discuss benefits and risks and availability of non-opioid therapies with patient

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

**B. Opioid selection, dosage, duration, follow-up, and discontinuation**

1. Use immediate-release opioids when starting
2. Start low and go slow-Use caution at any dose and avoid increasing to high dosages
3. When opioids are needed for acute pain, prescribe no more than needed
  - Do NOT prescribe ER/LA opioids for acute pain
4. Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if opioids cause harm or are not helping

**C. Assessing risk and addressing harms of opioid use**

1. Evaluate risk factors for opioid-related harms
2. Check CSPMP for high dosages and prescriptions from other providers at the beginning of the treatment and at least quarterly while on the opioid treatment
3. Use urine drug testing to identify prescribed substances and undisclosed use
4. Avoid concurrent benzodiazepine and opioid prescribing
5. Arrange treatment for opioid use disorder if needed

**Prescriber Education:**

- Guidelines for Prescribing Opioids for Chronic Pain  
[https://www.cdc.gov/drugoverdose/pdf/TurnTheTide\\_PocketGuide-a.pdf](https://www.cdc.gov/drugoverdose/pdf/TurnTheTide_PocketGuide-a.pdf)  
[http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline\\_FINAL.pdf](http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline_FINAL.pdf)  
[https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf)
- Checklist for prescribing opioids for chronic pain  
[https://www.cdc.gov/drugoverdose/pdf/PDO\\_Checklist-a.pdf](https://www.cdc.gov/drugoverdose/pdf/PDO_Checklist-a.pdf)
- Tapering Opioids for Chronic Pain  
[https://www.cdc.gov/drugoverdose/pdf/Clinical\\_Pocket\\_Guide\\_Tapering-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf)
- Non-Opioid Treatments  
[https://www.cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)
- Assessing Benefits and Harms of Opioid  
[https://www.cdc.gov/drugoverdose/pdf/Assessing\\_Benefits\\_Harms\\_of\\_Opioid\\_Therapy-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Assessing_Benefits_Harms_of_Opioid_Therapy-a.pdf)
- Calculating Total Daily Dose of Opioids for Safer Dosage  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf)
- Checking Controlled Substances Prescription Monitoring Program (CSPMP)  
<https://arizona.pmpaware.net/login>  
<https://pharmacympm.az.gov/>
- Educational Webinar Series for Prescribers  
<https://www.cdc.gov/drugoverdose/pdf/COCA-webinar-series-allslides-a.pdf>  
<https://www.cdc.gov/drugoverdose/prescribing/trainings.html>

**OXAYDO® (oxycodone hydrochloride) oral tablet  
ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

<http://www.coperems.org/>

- CDC Guideline for Prescribing Opioids for Chronic Pain  
<https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>
- Washington State Opioid Taper Plan Calculator  
[www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf](http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf)
- Tapering Long-Term Opioid Therapy in Chronic Non-cancer Pain  
[www.mayoclinicproceedings.org/article/S0025-6196\(15\)00303-1/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext)
- UpToDate  
[https://www.uptodate-com.mwu.idm.oclc.org/contents/overview-of-the-treatment-of-chronic-non-cancer-pain?source=search\\_result&search=non-cancer%20pain&selectedTitle=1~150](https://www.uptodate-com.mwu.idm.oclc.org/contents/overview-of-the-treatment-of-chronic-non-cancer-pain?source=search_result&search=non-cancer%20pain&selectedTitle=1~150)

**Opioid Risk Assessment Tool:**

| Score each that applies  | Female | Male |
|--|--------|------|
| Family history of substance abuse  |        |      |
| Alcohol  | 1      | 3    |
| Illegal drugs  | 2      | 3    |
| Rx drugs   | 4      | 4    |
| Personal history of substance abuse  |        |      |
| Alcohol  | 3      | 3    |
| Illegal drugs  | 4      | 4    |
| Rx drugs   | 5      | 5    |
| Age between 16-45 years  | 1      | 1    |
| History of preadolescent sexual abuse  | 3      | 0    |
| Psychological disorders  |        |      |
| ADD,OCD, Bipolar, Schizophrenia  | 2      | 2    |
| Depression   | 1      | 1    |
| Total score  |        |      |
| Assessment of risk   |        |      |
| Low risk for abuse   | ≤ 3    |      |
| Moderate risk for abuse  | 4-7    |      |
| High risk for abuse  | > 8    |      |
| Definitions of risk  |        |      |
| Low = unlikely to abuse<br>Moderate = as likely will as will not abuse<br>High = likely to abuse |        |      |





PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/17  
LAST REVIEW DATE: 9/20/18  
LAST CRITERIA REVISION DATE: 9/20/18  
ARCHIVE DATE:

---

**OXAYDO® (oxycodone hydrochloride) oral tablet**  
**ROXYBOND™ (oxycodone hydrochloride) oral tablet (cont.)**

---

**Resources:**

Oxyado (oxycodone hydrochloride). Package Insert. Revised by manufacturer 12/2016. Accessed 09-12-2018.

RoxyBond (oxycodone hydrochloride). Package Insert. Revised by manufacturer 06/2017. Accessed 07-19-2018.

RoxyBond (oxycodone hydrochloride). Package Insert. Revised by manufacturer 04/2017. Accessed 05-22-2017.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.

---



An Independent Licensee of the Blue Cross and Blue Shield Association

Fax completed prior authorization request form to 602-864-3126 or email to pharmacyprecert@azblue.com. Call 866-325-1794 to check the status of a request. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at www.azblue.com/pharmacy.

# Opioid Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

**REQUIRED:** Office notes, labs, and medical testing relevant to the request that show medical justification are required.

| Member Information   |                 |               |                          |
|--|-----------------|---------------|--------------------------|
| Member Name (first & last):  | Date of Birth:  | Gender:       | BCBSAZ ID#:              |
| Address:   | City:           | State:        | Zip Code:                |
| Prescribing Provider Information   |                 |               |                          |
| Provider Name (first & last):  | Specialty:      | NPI#:         | DEA#:                    |
| Office Address:  | City:           | State:        | Zip Code:                |
| Office Contact:  | Office Phone:   | Office Fax:   |                          |
| Dispensing Pharmacy Information  |                 |               |                          |
| Pharmacy Name:   | Pharmacy Phone: | Pharmacy Fax: |                          |
| Requested Medication Information   |                 |               |                          |
| Medication Name:   | Strength:       | Dosage Form:  |                          |
| Directions for Use:  | Quantity:       | Refills:      | Duration of Therapy/Use: |
| <input type="checkbox"/> Check if requesting <b>brand</b> only <input type="checkbox"/> Check if requesting <b>generic</b>   |                 |               |                          |
| <input type="checkbox"/> Check if requesting continuation of therapy (prior authorization approved by BCBSAZ expired)  |                 |               |                          |
| Turn-Around Time For Review  |                 |               |                          |
| <input type="checkbox"/> Standard <input type="checkbox"/> Urgent. Sign here: _____ <input type="checkbox"/> Exigent (requires prescriber to include a written statement)  |                 |               |                          |
| Clinical Information   |                 |               |                          |
| <b>1. Select all applicable diagnoses below.</b><br><input type="checkbox"/> Confirmed diagnosis of <u>pain severe</u> enough that is not controlled by the current dosage<br><input type="checkbox"/> Confirmed diagnosis of <u>Migraines</u><br><input type="checkbox"/> Confirmed diagnosis of <u>Neuropathic Pain</u><br><input type="checkbox"/> Confirmed diagnosis of <u>Osteoarthritis</u><br><input type="checkbox"/> Confirmed diagnosis of <u>Fibromyalgia</u><br><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____   |                 |               |                          |
| <b>2. What is the quantity requested per day?</b> _____  |                 |               |                          |
| <b>3. What is the reason for <u>exceeding</u> the plan limitations? Please specify below (if applicable).</b><br>_____   |                 |               |                          |
| <b>4. For Migraines: Check all applicable <u>non-opioid</u> therapies failed, intolerated, or contraindicated.</b><br><b>PREVENTATIVE TREATMENTS</b><br><input type="checkbox"/> Anticonvulsants (Topiramate)<br><input type="checkbox"/> Beta-Blockers (Propranolol, Atenolol)<br><input type="checkbox"/> TCAs (Amitriptyline, Imipramine)<br><input type="checkbox"/> Calcium Channel Blockers (Amlodipine, Verapamil)<br><input type="checkbox"/> Non pharmacological treatments (Cognitive behavioral therapy, Relaxation, Biofeedback, Exercise therapy)<br><b>ACUTE TREATMENTS</b><br><input type="checkbox"/> Aspirin, Acetaminophen, NSAIDS (Naproxen, Ibuprofen, Meloxicam, Diclofenac) may be combined with caffeine<br><input type="checkbox"/> Anti-nausea medication (Ondansetron, Promethazine)<br><input type="checkbox"/> Triptans - migraine-specific (Rizatriptan, Sumatriptan) |                 |               |                          |
| <b>5. For Neuropathic Pain: Check all applicable <u>non-opioid</u> therapies failed, intolerated, or contraindicated.</b><br><input type="checkbox"/> TCAs (Amitriptyline, Imipramine)<br><input type="checkbox"/> SNRIs (Duloxetine, Venlafaxine)<br><input type="checkbox"/> Gabapentin/Lyrica<br><input type="checkbox"/> Topical Aspercreme 4% cream or Patches<br><input type="checkbox"/> Non pharmacological treatments (Exercise, Weight loss, patient education)  |                 |               |                          |

# Opioid Prior Authorization Request Form

**6. For Osteoarthritis: Check all applicable non-opioid therapies failed, intolerated, or contraindicated.**

**FIRST LINE**

Acetaminophen

Oral NSAIDs (Naproxen, Ibuprofen, Meloxicam, Diclofenac)

Topical NSAIDs (Diclofenac Gel)

**SECOND LINE**

Intra-articular hyaluronic acid (OA of the knee only)

Capsaicin

---

**7. For Fibromyalgia: Check all applicable non-opioid therapies failed, intolerated, or contraindicated.**

Duloxetine

Lyrica

Gabapentin

TCAs (Amitriptyline, Imipramine)

Non pharmacological treatments (Low impact aerobic exercise such as brisk walking, swimming, water aerobics or bicycling. Cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation)

---

**8.  Yes  No A treatment plan must be submitted with this request form that includes ALL of the following:**

- Pain intensity (scales or ratings)
- Functional status (physical and psychosocial)
- Patient's goal of therapy (level of pain acceptable and/or functional status)
- Current non-pharmacological treatment

---

**9.  Yes  No A physician-patient pain management contract must be submitted with this request form.**

---

**10.  Yes  No Individual must not be actively using illicit substances or NOT have a drug seeking behavior.**

---

**11.  Yes  No Results from random urine or blood test twice a year must be submitted with this request form.**

---

**12.  Yes  No Has the state's Prescription Drug Monitoring Program (PDMP) been reviewed for this individual every time a prescription for controlled substance is provided?**

---

**13. What other controlled substances is the patient currently receiving? Please specify below.**

\_\_\_\_\_

---

**14. One pharmacy (plus one closest 24 hour pharmacy) must be selected for all the controlled substances prescription services. Please specify:**

\_\_\_\_\_

---

**15.  Yes  No There is NO concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc.**

---

**16.  Yes  No There is absence of ALL contraindications.**

---

**17. What medication(s) has the individual tried and failed for this diagnosis? Please specify below.**

Important note: Samples provided by the provider are not accepted as continuation of therapy or as an adequate trial and failure.

| Medication Name, Strength, Frequency | Dates started and stopped or Approximate Duration | Describe response, reason for failure, or allergy |
|--------------------------------------|---|---|
|                                      |   |   |
|                                      |   |   |
|                                      |   |   |
|                                      |   |   |
|                                      |   |   |
|                                      |   |   |

---

**18. Are there any supporting labs or test results? Please specify below.**

| Date | Test | Value |
|------|------|-------|
|      |      |       |
|      |      |       |
|      |      |       |
|      |      |       |
|      |      |       |
|      |      |       |

# Opioid Prior Authorization Request Form

19. Is there any additional information the prescribing provider feels is important to this review? Please specify below.

**Signature affirms that information given on this form is true and accurate and reflects office notes**

Prescribing Provider's Signature:

Date:

**Please note:** Some medications may require completion of a drug-specific request form.

**Incomplete forms or forms without the chart notes will be returned.**

Office notes, labs, and medical testing relevant to the request that show medical justification are required.