Health Alliance™

Morphine Equivalent Dose (MED)/Opioid Medication Supplemental Information Form

Effective January 1, 2020

You can complete this form and fax it to the Health Alliance Pharmacy Department at 217-902-9798, or fill out only Section D of this form and attach it as additional documentation to the Pharmacy Preauthorization Request Form when you request preauthorization through Your Health Alliance for providers. If you have questions, call 1-800-851-3379, option 4.

Section A—Member Information

Today's Date:	First Name:	Last Name:
Member ID #:	Date of Birth:	
Primary Insurance:		

Is the requested medication new ❑ or a continuation of therapy ❑? If so, what is the start date? _____
Is this patient currently hospitalized? ❑ Yes ❑ No

Section B—Provider Information

First Name:	Last Name:		
Address:	City:	State:	ZIP:
Phone:	Fax:	NPI:	
Specialty:	Email:	Office Contact Name:	

Section C—Clinical Information

Include all opioid drugs the member is currently using.

Drug Name	Strength	Quantity	Days Supply	Directions for Use

Diagnosis (Please provide specific details):	ICD-10 code(s):

❑ Request is not urgent ❑ Request is urgent
❑ I certify that the information provided is true and accurate to the best of my knowledge.

Prescriber's Signature _____ Date _____

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Section D—Treatment Details *Please read carefully and complete ALL fields that apply.*
Refer to this document for MED conversion factors. Supporting chart documentation is required.

1. Cancer Treatment, Sickle Cell Disease and Hospice

Is member receiving opioid due to cancer treatment? ☐ Yes ☐ No ***If yes***, please complete the following:
Cancer type _____ ***Date of diagnosis*** _____

Is member receiving opioid due to sickle cell disease? ☐ Yes ☐ No ***If yes***, please complete the following:
Date of diagnosis _____

Is member receiving hospice services? ☐ Yes ☐ No

Approval is for 12 months.
Note: Completion of remaining sections is NOT required if treating cancer, sickle cell disease or hospice-enrolled patients.

2. All Opioid Claims Unrelated to Cancer, Sickle Cell Disease or Hospice Care*† *(This section is required for all requests)*

Has member used opioid medications in the previous 120 days? ☐ Yes ☐ No
If Yes, list drug names, doses and dates of use _____
If No, please submit documentation of medical necessity for an opioid naive patient to receive opioid therapy for greater than seven days.
Is member using a benzodiazepine concurrently with opioid treatment? ☐ Yes ☐ No
If Yes, list drug name, dose and dates of use _____
If Yes, has provider reviewed this contraindication and determined that concurrent use of an opioid is needed even with the associated risk? ☐ Yes ☐ No
Has member been educated on the availability and proper use of immediate opioid antagonist therapy (Narcan)? ☐ Yes ☐ No
Has provider seen member in the last three months? ☐ Yes ☐ No
Date of last visit _____
Has provider done a full evaluation of member's pain and identified any potential underlying causes? ☐ Yes ☐ No
Has provider evaluated non-pharmacological therapies? ☐ Yes ☐ No
Please list _____
Has member been escalated to the requested dose? ☐ Yes ☐ No
Has provider discussed the risks of opioid treatment with member? ☐ Yes ☐ No

3. Opioid Therapies with a Total Daily Morphine Equivalence Dose (MED) of 100mg or More, Unrelated to Cancer, Sickle Cell Disease or Hospice Care*†

Does provider have a pain contract with member restricting the prescribing of pain medication to no more than two providers? ☐ Yes ☐ No
If applicable, list other provider(s) _____
Does provider order a urine toxicology screen for member at least annually? ☐ Yes ☐ No ***Please attach most recent test results.***
Has provider reviewed member's state prescription monitoring program at least once in the last three months? ☐ Yes ☐ No
In addition to the above, provide a treatment plan including the long-term goals of treatment as well as a tapering plan for member to discontinue pain medication or achieve pain control at a level below 100mg MED. If no tapering plan exists, indicate why
_____
If the opioid drug will treat post-operative pain, is there a plan to taper pain medications? ☐ Yes ☐ No

4. Long-Acting Opioids for New Starts to Therapy, Unrelated to Cancer, Sickle Cell or Hospice Care*†

Does provider have a pain contract with member restricting the prescribing of pain medication to no more than two providers? ☐ Yes ☐ No
If applicable, list other provider(s) _____
Does provider order a urine toxicology screen for member at least annually? ☐ Yes ☐ No ***Please attach most recent test results.***
Has provider reviewed member's state prescription monitoring program at least once in the last three months? ☐ Yes ☐ No
Has member been on an equivalent of at least 60mg of morphine per day for at least one week? ☐ Yes ☐ No
Does the member have a documented diagnosis of pain severe enough to require daily, around-the-clock, long-term opioid treatment? ☐ Yes ☐ No
If the long-acting drug will treat post-operative pain, is there a plan to taper pain medications? ☐ Yes ☐ No
Attention: Long-acting opioid medications are not recommended for treating post-operative pain. Non-opioid analgesics and immediate-release opioids are recommended for short-term use.

5. Tramadol Extended-Release (Generic Ultram ER) Unrelated to Cancer, Sickle Cell Disease or Hospice Care*†

Does the member have a history of failure, contraindication or intolerance to a 30-day trial of tramadol immediate-release (IR)? ☐ Yes ☐ No
Document dose, duration and date of trial _____

6. Nucynta Immediate-Release (IR) Unrelated to Cancer, Sickle Cell Disease or Hospice Care*†

Does member have a history of failure, contraindication or intolerance to a 30-day trial of tramadol IR or a Tier 1 short-acting opioid (including but not limited to hydrocodone, oxycodone and morphine)? ☐ Yes ☐ No
Document drug(s), dose, duration and date of trial _____

Approval for chronic pain treatment unrelated to cancer, sickle cell disease or hospice care: six months at current calculated MED at time of request
†Approval for short-term post-operative pain treatment: one month at calculated MED level