## Aetna Better Health® of Virginia CCC Plus and Medallion/FAMIS 4.0 REQUEST FORM SHORT AND LONG-ACTING OPIOIDS

Fax back to 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION														
Last Name:	First Name:													
Medicaid ID Number:	Date of Birth:													
	Weight in Kilonomer													
Gender: Male Female	Weight in Kilograms:													
PRESCRIBER INFORMATION														
Last Name:	First Name:													
NPI Number:														
Phone Number: Fax Number:														
DRUG INFORMATION														
	ong-Acting Opioid BOTH (check all that apply)													
Service Authorization is required for:														
1. All Long-Acting Opioids														
<ol><li>Any Short-Acting Opioid prescribed for &gt; 7 day BOM Regulations limit the treatment of acute</li></ol>	s or two 7-day supplies in a 60-day period. The Virginia pain with opioids to 7 days.													
<ol> <li>Any cumulative opioid prescription exceeding Quantity limits apply to each drug.</li> </ol>	90 morphine milligram equivalents (MME) per day.													
Quantity limits apply to each drug. <b>Long-Acting Opioids (LAOs):</b> LAOs are indicated for members with chronic, moderate to severe pain who require daily, around-the-clock opioid treatment and require a PA. Consider non-pharmacologic and non-opioid pain treatments prior to treatment with opioids. Members should be considered for buprenorphine analgesic treatment with either topical patch since this product has a ceiling effect with less risk of respiratory depression than other opioids.														
(Form continued on next page.)														

Aetna Better Health® of Virginia CCC Plus and Medallion/FAMIS 4.0 Request Form: Short and Long-Acting Opioids

Member's Last Name:								Member's First Name:															

Drug 1	Drug 2
Drug Name/Form:	Drug Name/Form:
Strength:	Strength:
Dosing Frequency:	Dosing Frequency:
Length of Therapy:	Length of Therapy:
Quantity per Day:	Quantity per Day:

Alternative Therapy to Schedule II Opioids. Based on the Virginia Board of Medicine's Opioid Prescribing Regulations, Opioids are NOT recommended as first line treatment for acute or chronic pain. For additional information, please see VA Board of Medicine Regulations: http://www.dhp.virginia.gov/medicine/

Preferred Pain Relievers available without PA include NSAIDS topical and oral, SNRIs, Tricyclic Antidepressants, Gabapentin, Baclofen, Capsaicin topical cream 0.025%, Lidocaine 5% Patch and Pregabalin (Lyrica®). Consider alternative therapies to Schedule II opioid drugs due to their high potential for abuse and misuse. A complete list of covered drugs can be found at: https://www.aetnabetterhealth.com/virginia/providers/pharmacy/

(Form continued on next page.)

## Virginia DMAS SA Form: Short and Long-Acting Opioids

Member's Last Name:										Member's First Name:													
TREATMENT INFORMATION																							
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	HIV/AIDS Chronic back pain Arthritis																						
	F	ibro	myalg	gia			Diabe	etic n	euro	path	У		Po	osthe	erpet	ic ne	ural	gia					
		Other	~:																_				
Ler	ngth c	of au	thori	zatio	n: 6 r	nonth	s bas	sed c	n th	e fol	low	ing o	diagr	osis	(ple	ase c	heck	call t	hat a	pply	/):		
		Cance	er pai	n			Sickle	cell	disea	ase			Pa	alliat	ive c	are							
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	Baclofen							Capsaicin gel															
	☐ Duloxetine ☐								Gabapentin														
	Lidocaine 5% patch  Physical therapy									NSAIDs (oral)													
	_	-				thera	ny (C	RT)		[	Tricyclic antidepressant (e.g., nortriptyline)  Other:												
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(Fo	rm co	ontin	ued c	n nex	kt pa	ge.)																	

Aetna Better Health® of Virginia CCC Plus and Medallion/FAMIS 4.0 Request Form: Short and Long-Acting Opioids Member's Last Name: Member's First Name: TREATMENT INFORMATION (CONTINUED) 5. If requesting a non-preferred product (i.e., Avinza®, Kadian®, Embeda®), has the member tried and failed an adequate trial of 2 different preferred products? Yes No If **Yes**, please list drug name, length of trial, and reason for discontinuation. 6. What is the member's Active Daily MME from the PMP (https://virginia.pmpaware.net/login)? MME: a. If member's Active Daily MME is greater than or equal to 90, does the prescriber attest that he/she will be managing the member's opioid therapy long term, has reviewed the Virginia BOM Regulations for Opioid Prescribing, has prescribed naloxone, and acknowledges the warnings associated with high dose opioid therapy including fatal overdose, and that therapy is medically necessary for this member? Yes No N/A 7. What is the member's last fill date of an opioid prescription from the PMP? N/A 8. What is the member's last fill date of a benzodiazepine prescription from the PMP? a. If a benzodiazepine prescription has been filled in past 30 days, does the prescriber attest that he/she has counseled the member on the FDA black box warning on the dangers of prescribing opioids and benzodiazepines including fatal overdose, has documented that the therapy is medically necessary, and has recorded a tapering plan to achieve the lowest possible effective doses of both opioids and benzodiazepines per the Board of Medicine Opioid Prescribing Regulations? Yes No N/A 9. Has naloxone been prescribed for members with risk factors of overdose? Risk factors for overdose include substance use disorder, doses in excess of 50 MME/day, antihistamines, antipsychotics, benzodiazepines, gabapentin, pregabalin, tricyclic antidepressants, or the "Z" drugs (zopiclone, zolpidem, or zaleplon). Yes No 10. If the member is female and between 18 and 45 years old, has the prescriber discussed risk of neonatal abstinence syndrome and provided counseling on contraceptive options? Yes No (Form continued on next page.)

Aetna Better Health® of Virginia CCC Plus and Medallion/FAMIS 4.0 Request Form: Short and Long-Acting Opioids Member's Last Name: Member's First Name: TREATMENT INFORMATION (CONTINUED) 11. Does the prescriber attest that a treatment plan with goals that addresses benefits and harm has been established with the patient? Yes No If **No**, please explain: 12. For chronic pain, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level prior to initiating treatment with short-acting or long-acting opioids? No N/A Yes 13. For PA renewals, has the prescriber ordered and reviewed a urine drug screen (UDS) or serum medication level at least every 3 months for the first year of treatment and at least every 6 months thereafter to ensure adherence? Yes No N/A **Prescriber Signature (Required) Date** By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.

Submission of documentation does NOT guarantee coverage.