

**Aetna Better Health® of Virginia 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:

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First Name:

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Medicaid ID Number:

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Date of Birth:

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Gender:  Male  Female

Weight in Kilograms: \_\_\_\_\_

**PRESCRIBER INFORMATION**

Last Name:

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First Name:

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NPI Number:

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Phone Number:

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Fax Number:

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**DRUG INFORMATION**

This REQUEST is for:  Short-Acting Opioid  Long-Acting Opioid  BOTH (check all that apply)

Service Authorization is required for:

1. All Long-Acting Opioids
2. Any Short-Acting Opioid prescribed for >7 days or two 7-day supplies in a 60-day period. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days.
3. Any cumulative opioid prescription exceeding 90 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug.

**Long-Acting Opioids (LAOs):** 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.)*

**Member's Last Name:**

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**Member's First Name:**

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

**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.)*

Member's Last Name:

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Member's First Name:

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**TREATMENT INFORMATION**

PA Criteria Align with the Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine: <http://www.dhp.virginia.gov/medicine/>

**Length of authorization: 3 months based on the following diagnosis (please check all that apply):**

- HIV/AIDS
- Chronic back pain
- Arthritis
- Fibromyalgia
- Diabetic neuropathy
- Postherpetic neuralgia
- Other: \_\_\_\_\_

**Length of authorization: 6 months based on the following diagnosis (please check all that apply):**

- Cancer pain
- Sickle cell disease
- Palliative care
- End-of-Life care
- Hospice patient

**1. Does the prescriber attest that the member has intractable pain associated with active cancer, palliative care (treatment of symptoms associated with life-limiting illnesses), or hospice care? (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred is prescribed. See question 5 if a non-formulary drug is prescribed.)**

- Yes
- No

**2. Is the member in remission from cancer and is the prescriber safely weaning the member off opioids with a tapering plan? (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred drug is prescribed. See question 5 if a non-formulary drug is prescribed.)**

- Yes
- No

**3. Is the member in a long-term care facility? (IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See question 5 if non-preferred drug is prescribed.)**

- Yes
- No

**4. Has the member tried and failed any of the following therapies covered without SA (select all that apply)?**

- Baclofen
- Capsaicin gel
- Duloxetine
- Gabapentin
- Lidocaine 5% patch
- NSAIDs (oral)
- Physical therapy
- Tricyclic antidepressant (e.g., nortriptyline)
- Cognitive behavioral therapy (CBT)
- Other: \_\_\_\_\_

*(Form continued on next page.)*

**Member's Last Name:**

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**Member's First Name:**

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**TREATMENT INFORMATION (CONTINUED)**

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5. If requesting a non-preferred product (e.g., 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.

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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 or 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. If a benzodiazepine prescription has been filled in past 30 days, does the prescriber attest that he or 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

8. 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

9. 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.)*

