

# OPIOID THERAPY

## Request Form FAX to 503-416-8109

Created: 01/25/18



CareOregon

315 SW Fifth Avenue, Suite 900  
Portland, Oregon 97204  
503-416-4100 or 800-224-4840  
800-735-2900 (TTY/TDD)  
www.careoregon.org

For assistance with this form, you may call CareOregon at 503.416.4100 or 800.224.4840 - Monday through Friday from 8 am - 5 pm. CareOregon requests careful selection when checking urgent as it delays review of other requests that may seriously jeopardize the health of another member, please mark URGENT only as necessary. To view our drug policies, search through the [PA Criteria Document](#).

**\*\* Incomplete requests may result in denials or delay to seek additional information \*\***

**Both Standard and Urgent requests will be reviewed within 24 hours**

URGENT REQUEST Initial response within 24 hours (Should be reserved for those actively on treatment or in transplant setting)

<b>Patient Name:</b>	<b>Prescriber Name:</b>	
<b>Member ID #:</b>	<b>NPI#:</b>	
<b>Patient DOB:</b>	<b>Clinic Name:</b>	
<b>Pharmacy Name:</b>	<b>Prescriber Office Phone:</b>	<b>Prescriber Office Fax:</b>
<b>Pharmacy Phone:</b>	<b>Prescriber Contact Person:</b>	

**Medication Requested** (including strength and directions):

<b>Diagnoses</b> (list all that apply including ICD10)	
<b>Acute Use or Chronic?</b>	<input type="checkbox"/> Acute with specified duration (define): <input type="checkbox"/> Chronic (no planned end date)
<b>Planned Taper?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (state taper plan goal and timeline):
<b>Past Opioid failures:</b>	

<b>Has the member the member actively participated in non-medication modalities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples: Physical activity/exercise, acupuncture, yoga, group support classes
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<b>Assessment of Risk/Abuse. Please attest to assessing risk/abuse via ALL the following</b>	<b>Has the member demonstrated functional improvement while on opioids?:</b>
<input type="checkbox"/> Risk of abuse (ORT, CAGE-AID, SOPP-R, COMM, DIRE, ORS, and AUDIT) <input type="checkbox"/> Risk of respiratory adverse events <input type="checkbox"/> Mental Health/Depression Screening (PHQ-9, GAD-7, PC-PTSD or mental health evaluation) <input type="checkbox"/> Urine drug screen <input type="checkbox"/> PDMP Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples include PEG, FRQ, and PDI questionnaires. Alternatively: documentation of changes from baseline functional status.

**Co-prescribing naloxone:** Evidence has shown a significant reduction in overdose events when high risk opioids are co-prescribed with naloxone. Please document if any of the following high risk scenarios apply and if naloxone has been co-prescribed?

<b>High risk scenarios for opioid overdose (check all that apply):</b> <input type="checkbox"/> Opioid dose $\geq$ 50 MED <input type="checkbox"/> Comorbid respiratory condition (such as sleep apnea, COPD) <input type="checkbox"/> Concomitant benzo, sedative, or alcohol use <input type="checkbox"/> Active tapering chronic opioids <input type="checkbox"/> History of Overdose <input type="checkbox"/> Recent release from institution requiring abstinence	<b><u>Naloxone (Narcan Nasal or injectable naloxone) Prescribed?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**CareOregon recommends all prior authorizations be submitted with supporting medical records to help for a faster and more thorough review**

<b>Prescribers Signature:</b>	<b>Date:</b>
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