

You can complete this form and fax it to the 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 the [FirstCarolinaCare Tapestry Login](#) for providers. If you have questions, call 1-800-481-1092, 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 <input type="checkbox"/> or a continuation of therapy <input type="checkbox"/> ? If so, what is the start date? _____			
Is this patient currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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