Geisinger Gold

Opioid Cumulative Morphine Equivalent Dose (MED) Prior Authorization Form

For assistance, please call 855-552-6028 or fax completed form to 570-271-5610.
Medical documentation may be requested. This form will be returned if not completed in full.

Patient Information			**Prescriber Information**		
Patient name:			Prescriber name:		
Member ID#:			NPI# (if available):		
Address:			Address:		
City:	State:		City:	State:	
Home phone:	Zip:		Office phone #:	Office fax #:	Zip:
Sex (circle): M F	D.OB:		Contact person:		

Medication Information			
Medication:	Strength:	No. of refills:	Dose/frequency:
Date therapy initiated:	Diagnosis:		
Directions for use:			

Rationale/supporting documentation for prior authorization request

September 2012 CMS Supplemental Guidance Relate to Improving Drug Utilization Review Controls in Part D states, "Recent studies demonstrate that a patient's cumulative, daily morphine equivalent dose (MED) of opioids is an indicator of potential dose-related risk for adverse drug reactions. Compared with patients receiving 1 to 20 mg MED per day, who had 0.2% annual overdose rate, patients receiving 100 mg MED or more daily had an 8.9-fold increase in overdose risk and a 1.8% annual overdose rate as compared to the lowest doses. The studies suggest that the total daily dose of opioids should not be increased above 120 mg oral MED without either the patient demonstrating improvement in function and pain or first obtaining a consultation from a practitioner qualified in chronic pain management."

Please check all that apply:

☐ Member has diagnosis of active cancer or receiving palliative care
☐ Member has diagnosis of sickle cell disease
☐ Member is receiving hospice care
☐ Provider has committed to monitoring the state's Prescription Drug Monitoring Program (PDMP) to ensure controlled substance history is consistent with prescribing record
☐ Medication is being prescribed based on recommendation of pain specialist and/or member has been evaluated by pain specialist
Date of evaluation by pain specialist: _____
Name of pain specialist: _____
☐ Member has signed pain contract or controlled substance contract in place with office
☐ Prescriber has provided counseling to the patient regarding the potential risks and benefits of opioid use, including the possible increased risk in patients with a remote history or a strong family history of addiction

Are you aware that member has received opioid medications from multiple providers?
☐ Yes ☐ No

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Please provide rationale for continued use of current level of opioid medications and for prescriptions from multiple providers:

_____

_____

_____

I attest that the above information is accurate to the best of my knowledge.

Prescriber's Signature: