

Opioid Attestation

Please provide the information below. Please print your answer, attach supporting documentation, sign, date, and fax or attach to electronic prior authorization request as soon as possible to expedite this request. Without this information, we may deny the request.

Please fax responses to: 1-888-260-9836

Date of request	Reference number	Patient	Date of birth	Member ID
Pharmacy name		Pharmacy NPI	Telephone	Fax
Prescriber		Prescriber NPI	Telephone	Fax
Medication and strength		Directions for use		Qty/Days supply
Medication and strength		Directions for use		Qty/Days supply
Medication and strength		Directions for use		Qty/Days supply
Medication and strength		Directions for use		Qty/Days supply

This form is required when patients begin chronic use of opioid, when daily opioid doses exceed 120 MME, or when both occur. Use of any opioid for more than 42 days within a 90-day period is considered chronic use. Use of opioids, either as a single prescription or multiple prescriptions, which result in doses above 120 morphine milligram equivalents (MME) per day requires a mandatory consultation with a pain management specialist or be prescribed by a pain management specialist as defined by section 3B. Chronic opioid use and doses above 120 MME may be authorized in 12-month intervals when the prescriber signs this attestation. **If a prescriber wants an attestation to be authorized for less than 12 months**, the prescriber must include a specific end date below. For patients receiving opioids for the treatment of pain relating to active cancer treatment, hospice, palliative or end-of-life care, the consultation is not required for authorization, but it is still encouraged.

Please review the [Prescription Monitoring Program \(PMP\)](#) to verify all opioids your patient is currently receiving. Use the [SUPPORT Act HCA MME Conversion Factor document](#) to **calculate the total prescribed MME**.

1. Intended use and dose of opioid

- ☐ Acute non-cancer pain. Specify MME:
- ☐ > 120 but ≤ 200 per day (Complete section 3 and 4); or
 - ☐ > 200 MME per day (Complete section 3 and 4; supply medical records supporting the medical need)
- ☐ Chronic non-cancer pain (> 42 days of opioid therapy is needed in a 90 day period). Specify MME:
- ☐ < 120 MME per day (Complete sections 2 and 4)
 - ☐ > 120 but ≤ 200 per day (Complete section 2 thru 4); or
 - ☐ > 200 MME per day (Complete section 2 thru 4; supply medical records supporting the medical need)
- ☐ Active cancer pain, hospice, palliative, or end-of-life care. Specify MME:
- ☐ < 120 MME per day (Pharmacy may re-submit claim with EA Code: 85000000540); or
 - ☐ > 120 but ≤ 200 per day (Complete section 3 and 4); or
 - ☐ > 200 MME per day (Complete section 3 and 4; supply medical records supporting the medical need)

2. Chronic Opioid Attestation

Criteria for chronic use of opioids for the treatment of non-cancer pain:

- Your patient has an on-going clinical need for chronic opioid use at the prescribed dose (more than 42 days per 90-day calendar period) that is documented in the medical record; AND
- Your patient is using appropriate non-opioid medications, and/or non-pharmacologic therapies; OR
- Your patient has tried and failed non-opioid medications and non-pharmacologic therapies for the treatment of this pain condition; AND

- For long-acting opioids, your patient has tried a short-acting opioid for at least 42 days or there is clinical justification why short-acting opioids were inappropriate or ineffective; AND
- You have recorded your patient's baseline objective pain and function scores and conduct periodic assessments in order to demonstrate clinically meaningful improvements in pain and function; AND
- You have screened your patient for mental health disorders, substance use disorder, naloxone use; AND
- You conduct periodic urine drug screens of your patient; AND
- You check the PDMP to determine if your patient is receiving other opioid therapy and concurrent therapy with benzodiazepines and other sedatives; AND
- You discussed with your patient the realistic goals of pain management therapy, including discontinuation of opioid therapy as an option during treatment; AND
- You have confirmed that your patient understands and accepts these conditions and your patient has signed a pain contract or informed consent document.

The requested treatment is medically necessary, does not exceed the medical needs of the member, and is documented in your patient's medical record? ☐ Yes ☐ No

Do you attest that all of the above criteria are met, or there is documentation in your patient's medical record for why one or more are not applicable? ☐ Yes ☐ No

3. Opioid High Dose Attestation

Clinical reason for opioid doses MME > 120 per day:

- Your patient is currently on chronic opioid therapy and the patient has a medically necessary need requiring a temporary escalation in opioid dosage that exceeds 120 MME but less than or equal to 200 MME per day, for no more than 42 days;
 - ☐ You are prescribing opioids for an acute medically necessary need, you have reviewed the Prescription Monitoring Program (PMP) and understand your patient is on chronic opioid therapy from another prescriber, and you have coordinated care with the other opioid prescriber; OR
 - ☐ You are the prescriber of the chronic opioid therapy; OR
- ☐ Your patient is following a tapering schedule with a starting dose > 120 MME but less than or equal to 200 MME per day; OR
- ☐ Your patient has a medically necessary need to exceed 120 MME per day documented in the medical record;

Check the box below that applies:

- ☐ You are a board certified pain management specialist; OR
- ☐ You have successfully completed a minimum of twelve category I continuing education hours on chronic pain management within the previous four years. At least two of these hours must have been dedicated to substance use disorders; OR
- ☐ You are a pain management physician working in a multidisciplinary chronic pain treatment center or a multidisciplinary academic research facility; OR
- ☐ You have a minimum of three years of clinical experience in a chronic pain management setting, and at least thirty percent of their current practice is the direct provision of pain management care; OR
- ☐ Your patient requires > 120 MME per day for active cancer pain, palliative care, end of life care or is in hospice; OR
- ☐ You consulted with a pain management specialist regarding use of high dose opioids (> 120 MME per day) for this patient through one of the methods below and it is documented in the medical record:
 - An office visit with patient, prescriber and pain management specialist; OR
 - Telephone, electronic, or in-person consultation between the pain management specialist and the prescriber; OR
 - An audio-visual evaluation conducted by the pain management specialist remotely where the patient is present with either the physician or a licensed health care practitioner designated by the physician or the pain management specialist; AND

The requested treatment is medically necessary, does not exceed the medical needs of the member, and is documented in your patient's medical record? ☐ Yes ☐ No

Do you attest that all of the above criteria are met, or there is documentation in your patient's medical record for why one or more are not applicable? ☐ Yes ☐ No

4. For temporary escalations this attestation will expire in 42 days; for all others this attestation will expire in 12 months unless you specify that you would like an earlier end date.

Please specify if you would like an earlier end date: _____

By signing below, I certify that the information on this form is true and understand that any misrepresentation or any concealment of any information requested may subject me to an audit. **Supporting documentation is required for requests exceeding 200 MME per day.**

Prescriber signature	Prescriber specialty	Date
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Notice of availability and nondiscrimination 800-807-7310 | TRS: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwonń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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