



Federal Employee Program.

EXTENDED RELEASE (ER) OPIOIDS
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required) and Provider Information (required) form with fields for Date, Patient Name, Date of Birth, Sex, Street Address, City, State, Zip, Patient ID, Provider Name, Specialty, NPI, Office Phone, Office Fax, Office Street Address, City, State, Zip, and Physician Signature.

PHYSICIAN COMPLETES

\*\*The CDC's Opioid Guideline Mobile App is designed to help providers with Morphine Milligram Equivalent (MME) calculations when prescribing opioids. The CDC app is available for free download on Google Play for Android devices and in the Apple Store for iOS devices\*\*

NOTE: Form must be completed in its entirety for processing

Table with 3 columns: Select Drug, Drug Strength, and Dosing Directions. Lists various opioid medications such as Arymo, Avinza, Belbuca, Embeda, Exalgo, Hysingla ER, Kadian, MorphaBond, MS Contin, Nucynta ER, Opana ER, OxyContin, Tramadol ER, Xtampza ER, and Zohydro ER.

\*\*\*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

Is this request for brand or generic? Brand Generic

What is the total MME per day of ALL opioids added together for the patient's current pain regimen? MME per day\*

\*Please specify all opioids:

1. Will the patient be using this medication concurrently with Lucemyra, methadone (Dolophine), or a buprenorphine medication such as Suboxone for opioid addiction? Yes\* (\*If YES, please select medication below) No

Buprenorphine medication for opioid addiction Lucemyra Methadone (Dolophine)

2. Will the patient also be using Butrans (buprenorphine patch), Duragesic patch (fentanyl patch), Fioricet with codeine (butalbital/ APAP/ caffeine/codeine), Fiorinal with codeine (butalbital/aspirin/caffeine/codeine), or Stadol (butorphanol) nasal spray? Yes\* No

\*If YES, please select medication below:

Fioricet with codeine (butalbital/APAP/caffeine/codeine) Butrans (buprenorphine patch) Stadol (butorphanol) nasal spray
Fiorinal with codeine (butalbital/aspirin/caffeine/codeine) Duragesic patch (fentanyl patch)
Combination (specify strength and quantities of each medication):

3. Is the prescribing physician a board-certified oncologist? Yes No

4. Is the patient experiencing pain that is severe enough to require daily, around-the-clock long term opioid treatment? Yes No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL QUESTIONS



Federal Employee Program.

**EXTENDED RELEASE (ER) OPIOIDS  
PRIOR APPROVAL REQUEST**

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn. Clinical Services  
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

**PAGE 2 - PHYSICIAN COMPLETES**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient ID: R \_\_\_\_\_

- 5. Does the prescriber agree to assess the patient for the benefits of pain control, for example, by implementing a care plan, monitoring for signs of misuse/abuse using standard lab screening (i.e., urine, blood) and evaluating severity of pain after three months? Yes No
- 6. Does the prescriber agree to assess the patient for signs and symptoms of serotonin syndrome? Yes No
- 7. Does the prescriber agree to participate in the \*Opioid Analgesic REMS program **AND** to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary? Yes No  
*\*Opioid Analgesic REMS Program: <https://opioidanalgesicrems.com>*
- 8. Does the prescriber agree to evaluate the patient’s response to therapy before changing dose or adding additional opioid medications? Yes No
- 9. Will the patient be using this medication in combination with alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), or lorazepam (Ativan)? Yes No
- 10. Will the patient be using this medication in combination with oxazepam (Serax), chlordiazepoxide (Librium), or clorazepate dipotassium (Tranxene)? Yes No
- 11. Has the patient received this medication within the past 180 days? Yes No
- 12. Have alternative treatments, including non-opioid analgesics and opioid immediate-release analgesics, been ineffective, not tolerated, or inadequate at controlling the patient’s pain? Yes No
- 13. Has the patient taken at least 10 days or more of **ANY** immediate release opioid in the last 180 days **OR** is switching from another long-acting opioid? Yes No


The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claim Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. **Prescriber Certification:** I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer. ER Opioids – FEP MD Fax Form Revised 1/1/2022

Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p><b>Electronically Online</b> (ePA) Results in 2-3 minutes <b>FASTEST AND EASIEST</b></p>	<p>Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA.</b></p>
<p><b>Phone</b> (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p><b>Fax</b> (3-5 days for response)</p>	<p>Fax the attached form to <b>(877)-378-4727</b>. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b></p>

<p><b>faster... easier... better...</b></p>	<p>Introducing ePA! Online Prior Authorizations in minutes through <b>Caremark.com/ePA</b>. Sign up today!</p> <p><b>CVS/caremark</b> </p>
---	---