





- No, PDMP is unavailable in state.
  - Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient
2. Total opioid dose (morphine milligram equivalents (MME) per day) requested is (select one):
- 90 MME or less per day and patient is opioid-naïve (no opioid use within the past 130 days)
  - Greater than 90 MME per day and patient is opioid-naïve (no opioid use within the past 130 days). Additionally, please answer the following questions:
    - a. Please specify the requested MME per day: \_\_\_\_\_
    - b. Can you provide documentation of treatment plan/pain contract?
      - Yes (please attach documentation)
      - No (please attach the rationale)
    - c. Prescriber has assessed the appropriateness of naloxone
      - Yes
      - No (please provide the date if you plan to do this before patient starts to take the requested drug: \_\_/\_\_/\_\_\_\_)
  - 120 MME or less per day and patient has taken at least one opioid-containing drug in the past 130 days
  - Greater than 120 MME per day and patient has taken at least one opioid-containing drug in the past 130 days. If this one is selected, please answer the following questions:
    - a. Please specify the requested MME per day: \_\_\_\_\_
    - b. Can you provide documentation of treatment plan/pain contract?
      - Yes (please attach documentation)
      - No (please attach the rationale)
    - c. Prescriber has assessed the appropriateness of naloxone
      - Yes
      - No (please provide the date if you plan to do this before patient starts to take the requested drug: \_\_/\_\_/\_\_\_\_)

**Please answer the following questions if the requested drug is a transmucosal immediate release fentanyl:**

1. Patient meets one of the following:
  - Patient is being treated for cancer-related break-through pain and/or is in hospice/palliative care setting.
  - Patient has received transmucosal immediate release fentanyl within the past 60 days.
2. Total opioid dose (morphine milligram equivalents (MME) per day) requested is (select one):
  - 90 MME or less per day and patient is opioid-naïve (no opioid use within the past 130 days)
  - Greater than 90 MME per day and patient is opioid-naïve (no opioid use within the past 130 days). If this one is selected, please answer the following questions:
    - a. Please specify the requested MME per day: \_\_\_\_\_
    - b. Can you provide documentation of treatment plan/pain contract?
      - Yes (please attach documentation)
      - No (please attach the rationale)
    - c. Prescriber has assessed the appropriateness of naloxone
      - Yes

- No (please provide the date if you plan to do this before patient starts to take the requested drug: \_\_/\_\_/\_\_\_\_)
  - 120 MME or less per day and patient has taken at least one opioid-containing drug in the past 130 days
  - Greater than 120 MME per day and patient has taken at least one opioid-containing drug in the past 130 days. If this one is selected, please answer the following questions:
    - a. Please specify the requested MME per day: \_\_\_\_\_
    - b. Can you provide documentation of treatment plan/pain contract?
      - Yes (please attach documentation)
      - No (please attach the rationale)
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- c. Prescriber has assessed the appropriateness of naloxone
    - Yes
    - No (please provide the date if you plan to do this before patient starts to take the requested drug: \_\_/\_\_/\_\_\_\_)

**Attestation:** *I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, Insurer, Medical Group, or its designated representatives may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.*

Signature of Prescriber or Authorized Representative	Date (MM/DD/YYYY)
<b>Print Prescriber or Authorized Representative Name</b>	