

Drug Name: Short Acting Opioid Naïve Edit **Date:** 7/2018

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Required Medical Information:	 Confirmed diagnosis code relates to at least one of the following: Pain associated with a current cancer diagnosis, a patient with a pain diagnosis in palliative or nursing home care. Confirmed patient not opioid-naïve after consultation with the State of Rhode Island Prescription Drug Monitoring Program and/or prescriber.
Coverage duration:	7 day authorization duration and the logic should take over after the initial fill