Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Buprenorphine - Med Assisted Treatment Renewal

Phone: 215-991-4300 **Fax back to: 866-240-3712**

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Address:	NPI:	Promise ID:
City, State ZIP:	Prescriber PA PROMISe ID:	
Patient Primary Phone:	Address:	
Line of Business: □ Medicaid □ CHIP	City, State ZIP: **Specialty/facility name (if applicable):**	

□ Expedited/Urgent

Drug Name:
Strength:
Days Supply:
Number of Refills:
Directions / SIG:

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.

Q1. Has the patient been previously approved for treatment with buprenorphine for medication assisted treatment? * Please note, prescriptions for buprenorphine-naloxone or buprenorphine tablet at a dose of 16 mg per day is available without prior authorization.

☐ Yes ☐ No

Q2. Is the requested medication injectable extended release buprenorphine?

☐ Yes ☐ No

Q3. Has documentation been attached (i.e. chart notes) confirming that the patient has achieved positive clinical response on treatment with extended release injectable buprenorphine?

☐ Yes ☐ No

Q4. Does the patient require supplemental doses of oral buprenorphine?

☐ Yes ☐ No

Q5. Has documentation been attached including the reason why the patient requires continued treatment with a non-preferred buprenorphine-naloxone preparation and a plan to transition the patient to buprenorphine-naloxone tablets, if applicable?

☐ Yes ☐ No

Q6. Is the dose being prescribed greater than 16 mg per day and/or the previously prescribed dose?

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☐ Yes	☐ No
Q7. Is there documentation attached showing therapeutic failure at a dose of 16 mg/day and/or the previously approved dose as well as documentation of the prescriber's treatment and monitoring plan (including anticipated duration) related to the newly requested dose. A copy of chart notes must be attached with documentation of treatment failure at this dose and treatment plan including anticipated duration of treatment at this dose.	
☐ Yes	☐ No
Q8. Have non-pharmacologic treatment options, including additional counseling and substance abuse related behavioral treatment services been utilized to address treatment failure with previous dose of buprenorphine prior to initiating an increase in dose?	
☐ Yes	☐ No
Q9. Has the patient demonstrated compliance with buprenorphine therapy as evidenced by recent urine drug screen positive for both buprenorphine and norbuprenorphine AND negative for opioids (including oxycodone and fentanyl), benzodiazepines, skeletal muscle relaxants, tramadol, CNS stimulants, and illicit drugs? Please include date of urine drug screen result.	
☐ Yes	☐ No
Q10. Is there a documented plan attached to address the findings of the urine drug screen? Documentation must be attached.	
☐ Yes	☐ No
Q11. Is there documentation of continued participation in a substance abuse or behavioral health (BH) treatment program, BH counseling, or an addictions recovery program? During the initial course of treatment, referral and enrollment must be with a licensed Drug and Alcohol (D&A) or BH provider. Documentation must be attached with name, location, and counseling schedule or updated letter documenting continued participation must be attached.	
☐ Yes	☐ No
Q12. Has the prescriber checked the patient's prescription history in the Prescription Drug Monitoring Program (PDMP)?	
☐ Yes	☐ No
Q13. Requested Duration:	
☐ 6 Months	
Q14. Additional Information:	

Prescriber Signature

Date

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