



Health Partners Plans

PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Narcotic Analgesics

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

HEALTH PARTNERS 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 left blank or illegible may delay the review process.

<b>Patient Name:</b>	<b>Prescriber Name:</b>	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Member Phone:		

Drug Name:	Expedited/Urgent
Directions:	
Patient belongs to (please check one): HEALTH PARTNERS	KIDZPARTNERS

<b>Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:</b>		
Q1. Narcotic Type:	Long Acting (such as )	Short Acting (such as )
Q2. Members Age:	Age 21 or older for greater than a 5 day supply or if there is paid claim within the past 180 days	Under 21 for greater than a 3 day supply or if there is a paid claim within the past 180 days
Q3. Is the diagnosis cancer, sickle cell or is the patient in palliative/hospice care, AND prescription is within quantity limits (limit of 50MME/day)?	Yes	No
Q4. If under 21, does the short acting product contain codeine?	Yes	No
Q5. Is there documentation of failure, intolerance, or contraindication to non-pharmacologic treatment (if applicable to diagnosis)?	Yes	No
Q6. Is there documentation of failure, intolerance, or contraindication to non-opioid analgesics (acetaminophen, NSAIDS)?	Yes	No
Q7. For Long-Acting: Has the patient tried and failed a short-acting narcotic analgesic?	Yes	No N/A



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Q8. Are chart notes provided documenting the diagnosis including documentation of symptoms, imaging, or other testing which supports the diagnosis?

Yes

No

Q9. Is there documentation of severe pain documented by a pain assessment tool (please provide documentation)?

Yes

No

Q10. Is the diagnosis neuropathic pain or migraine headaches?

Yes

No

Q11. Is there documentation showing first line medications for neuropathic pain or migraine headaches have been tried?

Yes

No

Q12. Is there documentation of the duration of treatment and the treatment plan?

Yes

No

Q13. Is the dose appropriate based on the FDA approved dosage guidelines or nationally recognized compendia for off-label use?

Yes

No

Q14. If patient is 21 or over, was evaluation for potential misuse and abuse completed including family and social history?

Yes

No

Q15. If the patient is 21 or over, is there documentation that the patient has been counseled regarding the risk of addiction, abuse, and misuse?

Yes

No

Q16. If patient is under 21, is there documentation that the recipient and guardian have been counseled regarding the risk of addiction, abuse, and misuse?

Yes

No

N/A - 21 or over

Q17. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?

Yes

No

Q18. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?

Yes

No

Q19. Will the member be taking a combination of benzodiazepine and narcotic analgesic, or is the member currently



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taking a combination of benzodiazepine and narcotic analgesic?		
Yes		No
Q20. Is there documentation of a taper plan in place to decrease the dose of either medication (taper plan can be for tapering one medication at a time) to the minimum possible dose needed to achieve the desired effect ?		
Yes		No
Q21. Are factors present which increase the risk for opioid related harm (such as history of substance use disorder, opioid doses greater than or equal to 50 morphine milligram equivalents, concurrent benzodiazepine use)?		
Yes		No
Q22. Did the prescriber offer a prescription for naloxone to the member?		
Yes		No
Q23. Is the request for a formulary medication?		
Yes		No
Q24. If the member does not meet the criteria from the guidelines above, is the member currently on chronic opioid therapy?		
Yes		No
Q25. Is there documentation of a tapering plan including duration of treatment?		
Yes		No
Q26. Requested duration:		
1 month	3 months	6 months
Q27. Additional Information:		

Physician Signature

Date

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