



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Benzodiazepine with Buprenorphine 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: <input type="checkbox"/> Medicaid	City, State ZIP: _____
<input type="checkbox"/> CHIP	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 on an ongoing treatment with a benzodiazepine while being on treatment with buprenorphine containing product? Please attach documentation that medication is ongoing (including pharmacy records if patient is paying out of pocket for medication).

Yes

No

Q2. Is ongoing treatment with benzodiazepine being prescribed by psychiatrist/behavioral health specialist or the prescriber of Medication Assisted Treatment with Suboxone?

Yes

No

Q3. Has the prescriber evaluated the patient's prescription history through the Pennsylvania Prescription Drug Monitoring Program before continuing treatment?

Yes

No

Q4. Is the benzodiazepine being used for continued treatment of a medically accepted indication? Please attach documentation of diagnosis

Yes

No

Q5. Has the patient responded well to treatment with benzodiazepine? Please attach documentation of progress notes

Yes

No

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Patient Name:

Prescriber Name:

Q6. Has the patient tolerated concomitant treatment with benzodiazepine while being treated with buprenorphine containing product? Please attach chart notes documenting evaluation of side effects.

Yes

No

Q7. Has a recent urine drug screen (within the last 30 days) tested positive for buprenorphine, norbuprenorphine, benzodiazepine, and corresponding metabolite? Please attach documentation.

Yes

No

Q8. Has the patient been re-evaluated for the necessity of concomitant treatment with benzodiazepine and buprenorphine containing product? Please attach documenting with anticipated duration of treatment and taper plan

Yes

No

Q9. Requested Duration:

3 Months

Q10. Additional Information:

Prescriber Signature

Date

Updated 2018