Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Analgesics - Opioid Short-Acting

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:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	
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. Is this a request for a transmucosal fentanyl product?
[If no, then skip to question 6.]

☐ Yes ☐ No

Q2. Does the patient have a diagnosis of cancer?

☐ Yes ☐ No

Q3. Is the patient opioid tolerant?
[Note: Opioid tolerant is defined as taking at least 60 mg/day of morphine, 25 mcg/hour of transdermal fentanyl, 30 mg/day of oxycodone, 8 mg/day of hydromorphone, or an equianalgesic dose of another opioid for one week or longer.]

☐ Yes ☐ No

Q4. Is the requested drug being prescribed by a specialist certified in pain medicine, oncology, or hospice and palliative medicine by the American Board of Medical Specialties?

☐ Yes ☐ No

Q5. Does the patient have a history of a contraindication to the preferred short-acting opioid analgesics (e.g., acetaminophen/codeine, Endocet, hydrocodone/acetaminophen tablet, hydrocodone/ibuprofen, morphine oral syringe, morphine oral solution, morphine oral concentrate, morphine immediate-release tablet, oxycodone/acetaminophen tablet, oxycodone tablet, tramadol)?

☐ Yes ☐ No

Q6. Does the patient have ANY of the following diagnoses: A) active cancer, B) sickle cell with crisis, C) neonatal

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abstinence syndrome, D) receiving hospice services or palliative care?
[If no, then skip to question 9.]

☐ Yes ☐ No

Q7. Is the patient 18 years of age or older?
[If yes, then skip to question 62.]

☐ Yes ☐ No

Q8. Does the requested short-acting opioid analgesic contain codeine or tramadol?
[If no, then skip to question 62.]

☐ Yes ☐ No

Q9. Is there documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the patient's controlled substance prescription history?

☐ Yes ☐ No

Q10. Is the patient currently taking a benzodiazepine?
[If no, then skip to question 13.]

☐ Yes ☐ No

Q11. Is the benzodiazepine or short-acting opioid analgesic being tapered?
[If yes, then skip to question 13.]

☐ Yes ☐ No

Q12. Is concomitant use of a benzodiazepine and a short-acting opioid analgesic determined to be medically necessary for the patient?

☐ Yes ☐ No

Q13. Has the patient been evaluated for risk factors for opioid-related harm?

☐ Yes ☐ No

Q14. Has the patient been identified as being at high risk for opioid-related harm?
[If no, then skip to question 16.]

☐ Yes ☐ No

Q15. Has the prescriber considered prescribing naloxone for the patient?

☐ Yes ☐ No

Q16. Is this a request for a renewal of authorization?
[If no, then skip to question 23.]

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☐ Yes ☐ No

Q17. Has the patient experienced an improvement of pain control and level of functioning while on the requested drug?

☐ Yes ☐ No

Q18. Does the patient have documentation that the short-acting opioid analgesic will be used in combination with tolerated non-pharmacologic therapy AND non-opioid pharmacologic therapy?

☐ Yes ☐ No

Q19. Is the patient being monitored by the prescriber for adverse events and warning signs for serious problems, such as overdose and opioid use disorder?

☐ Yes ☐ No

Q20. Is the patient being prescribed 50 morphine milligram equivalents (MME) or more per day?
[If yes, then skip to question 22.]

☐ Yes ☐ No

Q21. Does the patient have results of a urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 12 months that is consistent with the prescribed controlled substances?
[If yes, then skip to question 45.]

☐ Yes ☐ No

Q22. Does the patient have results of a urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) every 3 months that is consistent with the prescribed controlled substances?
[If yes, then skip to question 45.]

☐ Yes ☐ No

Q23. Does the patient have a documented diagnosis of pain that is caused by a medical condition?

☐ Yes ☐ No

Q24. Is the patient's pain neuropathic or migraine in type?
[If no, then skip to question 26.]

☐ Yes ☐ No

Q25. Is this a request for butorphanol nasal spray?

☐ Yes ☐ No

Q26. Is the patient 21 years of age or older?

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[If yes, then skip to question 28.]

☐ Yes ☐ No

Q27. Does the patient have severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?
[If yes, then skip to question 29.]

☐ Yes ☐ No

Q28. Does the patient have moderate-to-severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?

☐ Yes ☐ No

Q29. Is there documentation of the anticipated duration of therapy?

☐ Yes ☐ No

Q30. Does the patient have documentation of therapeutic failure, contraindication to, or intolerance of non-pharmacologic techniques [i.e., behavioral, cognitive, physical, and/or supportive therapies] AND non-opioid analgesics [e.g., acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs)]?

☐ Yes ☐ No

Q31. Does the patient have documentation that the short-acting opioid analgesic will be used in combination with tolerated non-pharmacologic therapy AND non-opioid pharmacologic therapy?

☐ Yes ☐ No

Q32. Was the patient assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescriber?

☐ Yes ☐ No

Q33. Is there documentation that the patient or the parent/guardian has been educated on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse, and addiction?

☐ Yes ☐ No

Q34. Is the patient being prescribed a medication and dose that is appropriate based on the patient's age, weight, and concurrent medical conditions AND is consistent with Food and Drug Administration (FDA) approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q35. Has the patient been assessed for recent use (within the past 60 days) of an opioid?

☐ Yes ☐ No

Q36. Has the patient had a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse

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(including specific testing for oxycodone, fentanyl, tramadol, and carisoprodol) that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q37. Is this a request for a short-acting opioid analgesic when there is a recent paid claim for another drug in the same therapeutic class of drugs (i.e., therapeutic duplication)?
[If no, then skip to question 40.]

☐ Yes ☐ No

Q38. Is the patient being titrated to or tapered from a drug in the same drug class?
[If yes, then skip to question 40.]

☐ Yes ☐ No

Q39. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate a clinical reason for concomitant use of the medications being requested?

☐ Yes ☐ No

Q40. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR extended-release naltrexone injectable suspension (Vivitrol)?
[If no, then skip to question 45.]

☐ Yes ☐ No

Q41. Are the prescriptions for the short-acting opioid analgesic AND the opioid dependence agent written by the same prescriber?
[If yes, then skip to question 43.]

☐ Yes ☐ No

Q42. Are the prescribers of the long-acting opioid and the opioid dependence agent aware of the other prescription(s)?

☐ Yes ☐ No

Q43. Does the patient have an acute need for therapy with a short-acting opioid analgesic?

☐ Yes ☐ No

Q44. Will the opioid dependence agent be suspended during the treatment for acute pain?

☐ Yes ☐ No

Q45. Is this a request for a short-acting opioid analgesic that exceeds the quantity limit?
[If no, then skip to question 52.]

☐ Yes ☐ No

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Q46. Is the patient 21 years of age or older?
[If yes, then skip to question 48.]

☐ Yes ☐ No

Q47. Does the patient have severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?
[If yes, then skip to question 49.]

☐ Yes ☐ No

Q48. Does the patient have moderate-to-severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?

☐ Yes ☐ No

Q49. Is the requested drug being prescribed by or in consultation with an appropriate specialist?

☐ Yes ☐ No

Q50. Is the requested drug at the requested dose the most appropriate treatment option, as documented by at least ONE of the following: A) the patient's pain is inadequately controlled at the current quantity limit, B) the patient's pain is inadequately controlled by other short-acting opioid analgesics, C) the patient has a history of a contraindication or adverse reaction to alternative short-acting opioid analgesics?

☐ Yes ☐ No

Q51. Would the patient be more appropriately pain controlled by initiating or adjusting the dose of a long-acting opioid analgesic?

☐ Yes ☐ No

Q52. Is this a request for butorphanol nasal spray?
[If no, then skip to question 62.]

☐ Yes ☐ No

Q53. Does the patient have a diagnosis of migraine?
[If no, then skip to question 59.]

☐ Yes ☐ No

Q54. Is butorphanol nasal spray being prescribed by a neurologist or headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties?

☐ Yes ☐ No

Q55. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of ALL of the following abortive therapies: A) acetaminophen, B) nonsteroidal anti-inflammatory drugs (NSAIDs), C) triptans, D) dihydroergotamine?

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☐ Yes	☐ No
Q56. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of ALL of the following preventive therapies: A) anticonvulsants, B) beta blockers, C) calcitonin gene-related peptide (CGRP) receptor inhibitors/antagonists, D) calcium channel blockers, E) serotonin-norepinephrine reuptake inhibitors (SNRIs), F) tricyclic antidepressants?	
☐ Yes	☐ No
Q57. Does the patient have chronic migraines?	
☐ Yes	☐ No
Q58. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of botulinum toxin?	
☐ Yes	☐ No
Q59. Does the patient have a diagnosis of pain?	
☐ Yes	☐ No
Q60. Is butorphanol nasal spray being prescribed by a specialist certified in neurology, pain medicine, oncology, or hospice and palliative medicine by the American Board of Medical Specialties?	
☐ Yes	☐ No
Q61. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of at least THREE unrelated (i.e., different opioid ingredient) preferred short-acting opioid analgesic single-entity or combination products?	
☐ Yes	☐ No
Q62. Is this a request for a preferred short-acting opioid analgesic?	
☐ Yes	☐ No
Q63. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred short-acting opioid analgesics?	
☐ Yes	☐ No
Q64. Additional Information:	

Prescriber Signature _____ Date _____

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