



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Sedative Hypnotics

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.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

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 sedative hypnotic that is a controlled substance?

Yes No

Q2. 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

Q3. Is this a request for a renewal of authorization?

Yes No

Q4. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?

Yes No

Q5. Are the requested sedative hypnotic controlled substance and the buprenorphine agent prescribed by the same prescriber?

Yes No

Q6. Are the prescribers of the sedative hypnotic controlled substance and the buprenorphine agent aware of the other prescription(s)?

Yes No

Q7. Does the patient have an acute need for therapy with the sedative hypnotic controlled substance?



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<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Is this a request for a renewal of authorization?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Does the patient have documentation of tolerability AND a positive clinical response to the requested drug?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q10. Is this a request for Hetlioz (tasimelteon)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q11. Does the patient have a diagnosis of non-24 hour sleep-wake disorder?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q12. Is the patient totally blind (i.e., has no light perception)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q13. Does the patient have a documented history of therapeutic failure of a 6-month trial of melatonin?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q14. Does the patient have a documented contraindication or intolerance to melatonin?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q15. Is this a request for a sedative hypnotic benzodiazepine for a patient less than 21 years of age?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q16. Does the patient have a diagnosis of ONE of the following: A) seizure disorder, B) chemotherapy-induced nausea and vomiting, C) cerebral palsy, D) spastic disorder, E) dystonia?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q17. Is the patient receiving palliative care?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q18. Is this a request for a preferred sedative hypnotic drug?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<p>Q19. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred sedative hypnotic drugs that are approved or medically accepted for the patient's diagnosis or indication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q20. Is this a request for a controlled-release sedative hypnotic?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q21. Does the patient have a documented history of therapeutic failure of the same regular-release sedative hypnotic drug?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q22. Additional Information:</p>

Prescriber Signature

Date

Updated for 2020