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 renewal of a prior authorization?

☐ Yes ☐ No

Q2. Is this a request for a transmucosal fentanyl product?

☐ Yes ☐ No

Q3. Does the patient meet ALL of the following?
a.Has a diagnosis of cancer
b.Is 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.]
Is prescribed the requested transmucosal fentanyl product by a specialist certified in pain medicine, oncology, or hospice and palliative medicine by the American Board of Medical Specialties
c.Has a history of a contraindication to the preferred short-acting opioid analgesics

☐ Yes ☐ No

Q4. Does the patient have ANY of the following diagnoses: A) active cancer, B) sickle cell with crisis, C) neonatal abstinence syndrome, D) receiving hospice services or palliative care?

☐ Yes ☐ No

Q5. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q6. Does the requested short-acting opioid analgesic contain codeine or tramadol?

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Patient Name:	Prescriber Name:

☐ Yes	☐ No
Q7. Is the patient currently taking a benzodiazepine? ☐ Yes	☐ No
Q8. Is the benzodiazepine or short-acting opioid analgesic being tapered? ☐ Yes	☐ No
Q9. Is concomitant use of a benzodiazepine and a short-acting opioid analgesic determined to be medically necessary for the patient? ☐ Yes	☐ No
Q10. Has the patient been evaluated for risk factors for opioid-related harm? ☐ Yes	☐ No
Q11. Has the patient been identified as being at high risk for opioid-related harm? ☐ Yes	☐ No
Q12. Has the prescriber considered prescribing naloxone for the patient? ☐ Yes	☐ No
Q13. Is this a request for nasal butorphanol? ☐ Yes	☐ No
Q14. Is the patient opioid tolerant? ☐ Yes	☐ No
Q15. For nasal butorphanol, does the patient have a diagnosis of pain? ☐ Yes	☐ No
Q16. Does the patient meet BOTH of the following? a. Nasal butorphanol is prescribed by a specialist certified in neurology, pain medicine, oncology, or hospice and palliative medicine by the American Board of Medical Specialties b. Patient has a history of therapeutic failure, contraindication, or intolerance of at least 3 unrelated (i.e., different opioid ingredient) preferred short-acting opioid analgesics (single-entity or combination products) ☐ Yes	☐ No
Q17. For nasal butorphanol, does the patient have a diagnosis of migraine? ☐ Yes	☐ No

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Q18. Does the patient meet ALL of the following?
a. Nasal butorphanol is prescribed by a neurologist or headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties
b. Patient has a history of therapeutic failure, contraindication, or intolerance of all of the following abortive therapies:
i. Acetaminophen,
ii. Non-steroidal anti-inflammatory drugs (NSAIDs),
iii. Triptans,
iv. Dihydroergotamine,
c. Patient has a history of therapeutic failure, contraindication, or intolerance of all of following preventive therapies:
i. Anticonvulsants,
ii. Beta blockers,
iii.Botulinum toxin (for a diagnosis of chronic migraine only),
iv. Calcitonin gene-related peptide inhibitors/antagonists,
v. Calcium channel blockers,
vi. Serotonin-norepinephrine reuptake inhibitors,
vii. Tricyclic antidepressants

☐ Yes ☐ No

Q19. Does the patient have documentation of pain that meets ALL of the following?
a. Caused by a medical condition
b. Not migraine in type (except for nasal butorphanol)
c. One of the following:
i. For a patient under 21 years of age, has severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)
ii. For a patient 21 years of age or older, has moderate-to-severe painas documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)

☐ Yes ☐ No

Q20. Is there documentation of the anticipated duration of therapy?

☐ Yes ☐ No

Q21. Does the patient have documentation of therapeutic failure, contraindication to, or intolerance to BOTH of the following: A) Non-pharmacologic techniques [i.e., behavioral, cognitive, physical, and/or supportive therapies] AND B) Non-opioid analgesics [e.g., acetaminophen, NSAIDs, gabapentinoids, duloxetine, tricyclic antidepressants]?

☐ Yes ☐ No

Q22. 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

Q23. Was the patient assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescriber?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q24. 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

Q25. 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

Q26. Has the patient been assessed for recent use (within the past 60 days) of an opioid?

☐ Yes ☐ No

Q27. Has the patient had a recent urine drug screen (UDS) testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q28. 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)?

☐ Yes ☐ No

Q29. Is the patient being transitioned to or tapered from another short-acting opioid analgesic with the intent of discontinuing one of the medications?

☐ Yes ☐ No

Q30. Has the prescriber provided a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?

☐ Yes ☐ No

Q31. 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)?

☐ Yes ☐ No

Q32. Are the prescriptions for the short-acting opioid analgesic AND the opioid dependence agent written by the same prescriber?

☐ Yes ☐ No

Q33. Are the prescribers of the short-acting opioid and the opioid dependence agent aware of the other prescription(s)?

☐ Yes ☐ No

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Q34. Does the patient have an acute need for therapy with a short-acting opioid analgesic?

☐ Yes ☐ No

Q35. Will the opioid dependence agent be suspended during the treatment for acute pain?

☐ Yes ☐ No

Q36. Is this a request for a short-acting opioid analgesic that exceeds the quantity limit?

☐ Yes ☐ No

Q37. Is the patient 21 years of age or older?

☐ Yes ☐ No

Q38. Does the patient have severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?

☐ Yes ☐ No

Q39. 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

Q40. Is the requested drug being prescribed by or in consultation with an appropriate specialist?

☐ Yes ☐ No

Q41. 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, OR C) the patient has a history of a contraindication or adverse reaction to alternative short-acting opioid analgesics?

☐ Yes ☐ No

Q42. Would the patient be more appropriately pain controlled by initiating or adjusting the dose of a long-acting opioid analgesic?

☐ Yes ☐ No

Q43. Does the patient meet ALL of the following?
a. Patient has a diagnosis of active cancer, sickle cell with crisis, or neonatal abstinence syndrome or is receiving palliative care or hospice services
b. If under 18 years of age, the requested short-acting opioid analgesic does NOT contain codeine or tramadol
c. Patient does NOT have a concomitant prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR naltrexone for extended-release injectable suspension (Vivitrol)
d. Patient is NOT prescribed a short-acting opioid analgesic that represents a therapeutic duplication
e. Patient is NOT prescribed a quantity that exceeds the quantity limit

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☐ Yes ☐ No

Q44. 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

Q45. Is this a request for a preferred short-acting opioid analgesic?

☐ Yes ☐ No

Q46. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred short-acting opioid analgesics?

☐ Yes ☐ No

Q47. For RENEWALS, does the patient have ANY of the following diagnoses: A) active cancer, B) sickle cell with crisis, C) neonatal abstinence syndrome, D) receiving hospice or palliative care?

☐ Yes ☐ No

Q48. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q49. Does the requested short-acting opioid analgesic contain codeine or tramadol?

☐ Yes ☐ No

Q50. Has the patient experienced an improvement of pain control and level of functioning while on the requested drug?

☐ Yes ☐ No

Q51. 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

Q52. 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

Q53. Is the patient currently taking a benzodiazepine?

☐ Yes ☐ No

Q54. Is the benzodiazepine or long-acting opioid being tapered?

☐ Yes ☐ No

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Q55. Is concomitant use of a benzodiazepine and a short-acting opioid medically necessary for the patient?

☐ Yes ☐ No

Q56. Has the patient been evaluated for risk factors for opioid-related harm?

☐ Yes ☐ No

Q57. Has the patient been identified as being at a high risk for opioid-related harm?

☐ Yes ☐ No

Q58. Has the prescriber considered prescribing naloxone for the patient?

☐ Yes ☐ No

Q59. Is the patient being prescribed 50 morphine milligram equivalents (MME) or more per day?

☐ Yes ☐ No

Q60. 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?

☐ Yes ☐ No

Q61. 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 6 months that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q62. Is this a request for a long-acting opioid analgesic that exceeds the quantity limit?

☐ Yes ☐ No

Q63. Does the patient have a diagnosis of severe pain as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?

☐ Yes ☐ No

Q64. Is the requested drug being prescribed by or in consultation with an appropriate specialist?

☐ Yes ☐ No

Q65. 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, OR C) the patient has a history of a contraindication or adverse reaction to alternative short-acting opioid analgesics?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q66. Would the patient be more appropriately pain controlled by initiating or adjusting the dose of a long-acting opioid analgesic?

☐ Yes ☐ No

Q67. Does the patient meet ALL of the following?
a. Has diagnosis of active cancer or sickle cell with crisis or is receiving palliative care or hospice services
b. If under 18 years of age, the requested long acting opioid analgesic does NOT contain codeine or tramadol
c. Does NOT have a concomitant prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR naltrexone for extended-release injectable suspension (Vivitrol)
d. Patient is NOT prescribed a long-acting opioid analgesic that represents a therapeutic duplication,
e. Patient is NOT prescribed a quantity that exceeds the quantity limit

☐ Yes ☐ No

Q68. 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

Q69. Additional Information:

Prescriber Signature

Date

Updated for 2022