



**HEALTH PARTNERS PLANS  
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

**Skeletal Muscle Relaxants**

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: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

**Please attach any pertinent medical history including labs and information for this member that may support approval.**

***Please answer the following questions and sign.***

<p>Q1. Is this a request for a skeletal muscle relaxant that is subject to the Drug Enforcement Agency (DEA) Controlled Substances Act (CSA) (i.e., a controlled substance)?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q2. Is there documentation that the prescriber or prescriber's delegate has conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the patient's controlled substance prescription history?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q3. Is this a request for a skeletal muscle relaxant for a patient with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q4. Are the buprenorphine agent and the skeletal muscle relaxant prescribed by the same prescriber?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q5. Are the prescribers of the buprenorphine agent and the skeletal muscle relaxant aware of the other prescription(s)?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q6. Does the patient have an acute need for therapy with the skeletal muscle relaxant?</p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>Q7. Is this a request for a skeletal muscle relaxant when there is a recent paid claim for another skeletal muscle relaxant (i.e., potential therapeutic duplication)?</p>

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Form with fields for Patient Name, Prescriber Name, and questions Q8-Q12 regarding titration, supporting literature, preferred status, and history of failure.

Prescriber Signature

Date

Updated for 2022