



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, PA PROMISe ID.

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.

Questions Q1-Q7 regarding sedative hypnotic request, benzodiazepine use, patient age, diagnosis, palliative care, PDMP search, and renewal authorization.



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Patient Name:	Prescriber Name:
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<p>Q8. Does the patient have documentation of tolerability and a positive clinical response to the requested drug?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q9. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q10. Are the requested sedative hypnotic controlled substance and the buprenorphine agent prescribed by the same prescriber?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q11. Are the prescribers of the sedative hypnotic controlled substance and the buprenorphine agent aware of the other prescription(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q12. Does the patient have an acute need for therapy with the sedative hypnotic controlled substance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q13. Is this a request for a benzodiazepine when the patient has a recent claim for a benzodiazepine (i.e., potential therapeutic duplication)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q14. Is the patient being titrated to, or tapered from, another benzodiazepine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q15. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q16. Does the patient have a record of 2 or more paid claims for any benzodiazepine in the past 30 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q17. Are the multiple benzodiazepine prescriptions consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q18. Are all of the prescriptions written by the same prescriber?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q19. Are all of the prescribers aware of the other prescription(s)?</p>

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Patient Name: Prescriber Name:

Form containing questions Q20-Q29 regarding patient diagnosis, history of therapeutic failure, and drug request details.

Prescriber Signature

Date

Updated for 2022