



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Opioid Dependence Treatment

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, etc.

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 the requested drug prescribed for treatment of a diagnosis that is indicated in the United States Food and Drug Administration (FDA)-approved package labeling or a medically accepted indication?

Yes No

Q2. Is this a request for an oral buprenorphine product that does not contain naloxone?

Yes No

Q3. Is the prescribed agent being used for induction therapy?

Yes No

Q4. Is the patient pregnant or breastfeeding?

Yes No

Q5. Does the patient have a history of contraindication or intolerance to naloxone?

Yes No

Q6. Is the requested drug a non-preferred oral buprenorphine opioid dependence treatment agent?

Yes No

Q7. Does the patient have a history of therapeutic failure, contraindication or intolerance to the preferred oral buprenorphine opioid dependence treatments?

Yes No

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.



**HEALTH PARTNERS PLANS  
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

**Opioid Dependence Treatment**

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:
---------------	------------------

<p>Q8. Is the requested drug a non-preferred alpha2-adrenergic agonist?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q9. Is this request for Lucemyra (lofexidine)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q10. Is Lucemyra (lofexidine) being prescribed at dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q11. Does the patient have a history of therapeutic failure, contraindication or intolerance to the preferred alpha2-adrenergic agonist opioid dependence treatments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q12. Is the requested drug a non-oral buprenorphine opioid dependence treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q13. Does the patient have a history of therapeutic failure, contraindication, or intolerance of the preferred non-oral buprenorphine opioid dependence treatments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q14. Has the prescriber or prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program for the patient's controlled substance prescription history? Note: Please attach documentation of this search.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q15. Is this a request for an oral buprenorphine opioid dependence treatment where the daily dose exceeds 24 mg/day?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q16. Is the prescribed daily dose consistent with medically accepted prescribing practices and standards of care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q17. Is there documentation of an evaluation to determine the recommended level of care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q18. Is there documentation of participation in a substance abuse or behavioral health counseling or treatment program or an addictions recovery program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document



Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Opioid Dependence Treatment

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:

Q19. Has the patient had a recent urine drug screen for drugs with the potential for abuse?
Yes No

Q20. For a patient already established on buprenorphine, is there a recent urine drug screen that is positive for buprenorphine and norbuprenorphine?
Yes No

Q21. Additional Information:

Prescriber Signature

Date

Updated for 2022