Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Analgesics - Long-Acting Opioids

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 a renewal of authorization?

☐ Yes ☐ No

Q2. 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

Q3. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q4. Does the requested long-acting opioid analgesic contain codeine or tramadol?

☐ Yes ☐ No

Q5. Does the patient have a concomitant prescription for a buprenorphine agent indicated for the treatment of opioid use disorder OR naltrexone for extended-release injectable suspension (Vivitrol)?

☐ Yes ☐ No

Q6. Is the patient prescribed an long-acting opioid analgesic that represents therapeutic duplication?

☐ Yes ☐ No

Q7. Does the quantity prescribed exceed the quantity limit?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q8. Has 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 before prescribing a long-acting opioid analgesic?

☐ Yes ☐ No

Q9. Is the patient currently taking a benzodiazepine?

☐ Yes ☐ No

Q10. Is the benzodiazepine or long-acting opioid being tapered?

☐ Yes ☐ No

Q11. Is concomitant use of a benzodiazepine and a long-acting opioid medically necessary for the patient?

☐ Yes ☐ No

Q12. Has the patient been evaluated for risk factors for opioid-related harm?

☐ Yes ☐ No

Q13. Has the patient been identified as being at a high risk for opioid-related harm?

☐ Yes ☐ No

Q14. Has the prescriber considered prescribing naloxone for the patient?

☐ Yes ☐ No

Q15. Does the patient have documentation of a diagnosis of pain that meets ALL of the following: A) is caused by a medical condition, B) is NOT migraine in type, C) is severe, as documented by a pain assessment tool measurement (e.g., a numeric or visual analog scale)?

☐ Yes ☐ No

Q16. Is there documentation of the anticipated duration of therapy?

☐ Yes ☐ No

Q17. Does the patient have documentation of therapeutic failure, contraindication to, or intolerance of non-pharmacologic techniques [i.e., behavioral, cognitive, physical, and/or supportive therapies] AND non-opioid analgesics [e.g., acetaminophen, NSAIDs, gabapentinoids, duloxetine, tricyclic antidepressants]?

☐ Yes ☐ No

Q18. Does the patient have documentation that the long-acting opioid analgesic will be used in combination with tolerated non-pharmacologic therapy AND non-opioid pharmacologic therapy?

☐ Yes ☐ No

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Q19. Does the patient have documentation of a trial of short-acting opioid analgesics?

☐ Yes ☐ No

Q20. Is the patient 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.]

☐ Yes ☐ No

Q21. Is the patient being prescribed a medication and dose that is appropriate based on the beneficiary's age, weight, and concurrent medical conditions and is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q22. Was the patient assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescriber?

☐ Yes ☐ No

Q23. 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

Q24. Has the patient been assessed for recent use (within the past 60 days) of an opioid?

☐ Yes ☐ No

Q25. Has the patient had a recent urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, and tramadol) that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q26. Has 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 before prescribing a long-acting opioid analgesic?

☐ Yes ☐ No

Q27. Is this a request for a long-acting opioid analgesic that exceeds the quantity limit

☐ Yes ☐ No

Q28. 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

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Patient Name:	Prescriber Name:

Q29. Is the requested drug being prescribed by or in consultation with an appropriate specialist?

☐ Yes ☐ No

Q30. Is there documentation that the patient's pain is inadequately controlled at the current quantity limit?

☐ Yes ☐ No

Q31. Is there documentation that the patient's pain is inadequately controlled by other long-acting opioid analgesics?

☐ Yes ☐ No

Q32. Does the patient have a documented history of a contraindication or adverse reaction to alternative long-acting opioid analgesics?

☐ Yes ☐ No

Q33. Is there documentation demonstrating an appropriate upward titration OR an appropriate conversion from other opioid-containing medications?

☐ Yes ☐ No

Q34. Is the requested dosing frequency consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q35. Is this a request for a long-acting opioid analgesic when there is a paid claim for another long-acting opioid analgesic (i.e., potential therapeutic duplication)?

☐ Yes ☐ No

Q36. Is the patient being transitioned to or from another long-acting opioid analgesic with the intent of discontinuing one of the medications?

☐ Yes ☐ No

Q37. 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

Q38. Is this a request for a preferred long-acting opioid analgesic?

☐ Yes ☐ No

Q39. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred long-acting opioid analgesics?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q40. Does the patient have a concurrent prescription for a buprenorphine agent with a Food and Drug Administration (FDA) approved indication for opioid dependence OR extended-release naltrexone injectable suspension (Vivitrol)?

☐ Yes ☐ No

Q41. Are the prescriptions for the long-acting opioid analgesic AND the opioid dependence agent written by the same prescriber?

☐ Yes ☐ No

Q42. Are the prescribers of the long-acting opioid and the opioid dependence agent aware of the other prescription(s)?

☐ Yes ☐ No

Q43. Does the patient have a need for therapy with a long-acting opioid analgesic?

☐ Yes ☐ No

Q44. Will the opioid dependence agent be suspended during the treatment for pain?

☐ Yes ☐ No

Q45. 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

Q46. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q47. Does the requested long-acting opioid analgesic contain codeine or tramadol?

☐ Yes ☐ No

Q48. Has the patient experienced an improvement in pain control and level of functioning while on the requested drug?

☐ Yes ☐ No

Q49. Is there documentation that the long-acting opioid analgesic will be used in combination with tolerated non-pharmacologic therapy AND non-opioid pharmacologic therapy?

☐ Yes ☐ No

Q50. 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

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Patient Name:	Prescriber Name:

Q51. Is the patient currently taking a benzodiazepine?

☐ Yes ☐ No

Q52. Is the benzodiazepine or long-acting opioid being tapered?

☐ Yes ☐ No

Q53. Is concomitant use of a benzodiazepine and a long-acting opioid medically necessary for the patient?

☐ Yes ☐ No

Q54. Has the patient been evaluated for risk factors for opioid-related harm?

☐ Yes ☐ No

Q55. Has the patient been identified as being at a high risk for opioid-related harm?

☐ Yes ☐ No

Q56. Has the prescriber considered prescribing naloxone for the patient?

☐ Yes ☐ No

Q57. Is the patient being prescribed 50 morphine milligram equivalents (MME) or more per day?

☐ Yes ☐ No

Q58. Does the patient have a urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse and specific testing for oxycodone, fentanyl, and tramadol) every 12 months that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q59. Does the patient have a urine drug screen (UDS) (including testing for licit and illicit drugs with the potential for abuse; must include specific testing for oxycodone, fentanyl, and tramadol) every 6 months that is consistent with the prescribed controlled substances?

☐ Yes ☐ No

Q60. Is this a request for a long-acting opioid analgesic that exceeds the quantity limit?

☐ Yes ☐ No

Q61. 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

Q62. Is the requested drug being prescribed by or in consultation with an appropriate specialist?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q63. Is there documentation that the patient's pain is inadequately controlled at the current quantity limit?

☐ Yes ☐ No

Q64. Is there documentation that the patient's pain is inadequately controlled by other long-acting opioid analgesics?

☐ Yes ☐ No

Q65. Does the patient have a documented history of a contraindication or adverse reaction to alternative long-acting opioid analgesics?

☐ Yes ☐ No

Q66. Is there documentation demonstrating an appropriate upward titration OR an appropriate conversion from other opioid-containing medications?

☐ Yes ☐ No

Q67. Does the requested dosing frequency consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q68. 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

Q69. 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

Q70. Additional Information:

Prescriber Signature _____ Date _____

Updated for 2022