Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Neuropathic Pain Agents

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 neuropathic pain agent that is subject to the Drug Enforcement Agency (DEA) Controlled Substances Act (CSA) (i.e., controlled substance)?

☐ Yes ☐ No

Q2. Is there documentation that the prescriber or the prescriber's delegate has conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the patient's controlled substance prescription history?

☐ Yes ☐ No

Q3. Is this a request for a renewal of authorization?

☐ Yes ☐ No

Q4. Does the patient have documentation of tolerability and a positive clinical response to the medication?

☐ Yes ☐ No

Q5. Is the patient being treated for a diagnosis that is indicated in the Food and Drug Administration (FDA) approved package labeling OR a medically accepted indication?

☐ Yes ☐ No

Q6. Is the patient being prescribed a dose that is consistent with Food and Drug Administration (FDA) approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q7. Is this a request for a gabapentinoid (e.g., gabapentin, pregabalin) when there is a recent paid claim for another

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gabapentinoid (i.e., potential therapeutic duplication)?

☐ Yes ☐ No

Q8. Is the patient being titrated to or tapered from another gabapentinoid?

☐ Yes ☐ No

Q9. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

☐ Yes ☐ No

Q10. Is this a request for Gralise (gabapentin extended-release)?

☐ Yes ☐ No

Q11. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of tricyclic antidepressants AND regular-release gabapentin titrated to maximal effective dose of 1800 mg per day?

☐ Yes ☐ No

Q12. Is this a request for Horizant (gabapentin enacarbil extended-release)?

☐ Yes ☐ No

Q13. Does the patient have a diagnosis of postherpetic neuralgia?

☐ Yes ☐ No

Q14. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of tricyclic antidepressants AND regular-release gabapentin titrated to maximal effective dose of 1800 mg per day?

☐ Yes ☐ No

Q15. Does the patient have a diagnosis of moderate-to-severe primary restless leg syndrome (RLS)?

☐ Yes ☐ No

Q16. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of regular-release gabapentin, titrated to maximal tolerated effective dose of 1800 mg per day?

☐ Yes ☐ No

Q17. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of pramipexole OR ropinirole?

☐ Yes ☐ No

Q18. Is this a request for a preferred neuropathic pain agent?

☐ Yes ☐ No

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Q19. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of the preferred neuropathic pain agents that are approved or medically accepted for the patient's diagnosis?

☐ Yes ☐ No

Q20. Additional Information:

_____ _____

Prescriber Signature Date

Updated for 2023