

Anxiolytics

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.

Member Name:		Prescriber Name:	
HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member 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.

Q1. Is this a request for a preferred benzodiazepine anxiolytic?

 Yes

 No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred anxiolytics?

 Yes

 No

Q3. Is this a request for a benzodiazepine?

 Yes

 No

Q4. Is the patient less than 21 years of age?

 Yes

 No

Q5. Does the patient have ANY of the following diagnoses: A) seizure disorder, B) chemotherapy-induced nausea and vomiting, C) cerebral palsy, D) spastic disorder, E) dystonia, F) Catatonia?

 Yes

 No

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Q6. Does the patient have symptoms of severe acute anxiety with chart documented evidence of comprehensive evaluation and prescribed requested drug by or in consult with a psychiatrist?

 Yes

 No

Q7. Is the patient receiving palliative care?

 Yes

 No

Q8. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?

 Yes

 No

Q9. Are the prescriptions for the buprenorphine agent and the benzodiazepine written by the same prescriber?

 Yes

 No

Q10. Are the prescribers of the oral buprenorphine agent and the benzodiazepine aware of the other prescriptions?

 Yes

 No

Q11. Does the patient have an acute need for therapy with a benzodiazepine?

 Yes

 No

Q12. Is this a request for a benzodiazepine when the patient has a recent claim for a benzodiazepine (i.e., potential therapeutic duplication)?

 Yes

 No

Q13. Is the patient being titrated to, or tapered from, a drug in the same class?

 Yes

 No

Q14. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

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Member Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q15. Does the patient have a record of 2 or more paid claims for any benzodiazepine in the past 30 days?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q16. 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q17. Are all of the prescriptions written by the same prescriber?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q18. Are all of the prescribers aware of the other prescription(s)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q19. Additional Information:	

 Prescriber Signature

 Date

v2025