



HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Suboxone® - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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 left blank or illegible may delay the review process.

Form with two columns: Patient Name (Member Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone) and Prescriber Name (Fax, Phone, Office Contact, NPI, State Lic ID, Address, City, State ZIP, Specialty/facility name).

Expedited/Urgent checkbox

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this member that may support approval. Please answer the following questions and sign.

Q1-Q9 questions regarding therapy duration, request type, patient age, pregnancy status, physician certification, diagnosis, documentation, and treatment contracts.

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.



HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Suboxone® - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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 left blank or illegible may delay the review process.

Form with fields for Patient Name, Prescriber Name, and questions Q10-Q14 regarding treatment contracts, drug screens, and concurrent use of opioids/benzodiazepines.

Prescriber Signature

Date