Pharmacy Administration - Prior Authorization / Exception Form

CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

Prescriber: Please complete Patient, Provider and Requested Therapy sections.
For questions please call HealthPartners at 800-492-7259. Incomplete submissions will be returned and may delay review.

FAX to 1-888-883-5434

Patient

Last Name	First	MI
Date of Birth	Insurance ID #	
Patient Address		

Provider

Today's Date	Clinic Name
Provider Name (FIRST and LAST)	Clinic Address
Specialty	Telephone #
Contact Person	Fax #
Federal Tax ID (only needed for medications given in-clinic)	Recommended by Consultant? Yes No Name Specialty

Requested Therapy

Drug Requested	Requesting "DAW" Y N	Dose Schedule	Duration of Therapy Desired
Diagnosis/Clinical Information			
Previous Therapies & Outcomes			

coOportunityHealth Preferred Drug List (Formulary), Prior Approval and Medical Coverage Criteria are available at www.coOportunityHealth.com

HealthPartners Review Determination

☐ APPROVED	☐ DENIED Per Medical Director
Note from HealthPartners	

High Doses of Opioid Medications For Non-Cancer Pain

To help ensure appropriate use, CoOportunity Health contracts have dosage limits for opioid doses above 120mg morphine equivalents per day. Additional information is needed to review this request.

Member name: Member ID: Date of Birth:

Drug name, strength, and dosage:

For Provider to complete	for Pharmacy Administration
1. Is a treatment plan being used? ..... __ yes __ no Treatment plans are strongly encouraged. Treatment plans should include evaluations, objectives, and plans for periodic review. Do long-term goals include plans to reduce opioid use? ..... __ yes __ no Have you consulted a pain specialist in the care of this patient? __ yes __ no	Total MED _____ Stable regimen or escalating dose?
2. Have you assessed the risk of addiction, abuse, and diversion? __ yes __ no An assessment is required, prior to authorizations for higher dosages.	
3. Have you consulted the State Prescription Monitoring Program in the care of this patient? ..... __ yes __ no A consultation is required for chronic therapy, prior to authorizations for higher dosages. Does this patient have a history of early refills of opioid medications, or of using multiple providers and/or multiple pharmacies? ..... __ yes __ no	Early refills? yes/ no Multiple providers? yes/ no Multiple pharmacies? yes/ no
4. Do you require the patient to sign a pain contract? ..... __ yes __ no A written opioid agreement is required, to document patient understanding of the treatment plan, and of risks and benefits.	

Provider signature _____ Date _____

Updated March 5, 2014