



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Platelet Aggregation Inhibitors

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.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

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 Zontivity (vorapaxar)?

Yes No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred platelet aggregation inhibitors (e.g., Aggrenox, Brilinta, clopidogrel, dipyridamole tablet, prasugrel)?

Yes No

Q3. Is Zontivity (vorapaxar) being prescribed for a condition that is United States (US) Food and Drug Administration (FDA) approved or a medically-accepted indication?

Yes No

Q4. Will the patient be taking Zontivity (vorapaxar) in addition to aspirin and/or clopidogrel?

Yes No

Q5. Is Zontivity (vorapaxar) being prescribed by or in consultation with a cardiologist or other vascular specialist?

Yes No

Q6. Does the patient have any contraindications to Zontivity (vorapaxar)?

Yes No

Q7. Will the patient be taking any of the following concomitantly with Zontivity: A) anticoagulants, B) chronic nonsteroidal anti-inflammatory drugs (NSAIDs), C) selective serotonin reuptake inhibitors (SSRIs), D) serotonin-norepinephrine reuptake inhibitors (SNRIs)?



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Have any potential drug interactions been addressed by the prescriber?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Does the patient have severe hepatic impairment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q10. Additional Information:	

Prescriber Signature

Date

Updated for 2023