

HEALTH PARTNERS PLANS PRIOR AUTHORIZATION REQUEST FORM

Tavneos - Non-PDL

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: Medicaid CHIP		Specialty Pharmacy (if applicable):		
Drug Name:		Strength:		
Quantity:		Refills:		
Directions:				
Diagnosis Code:	Diagnosis:			
HPP's maximum appro	oval time is 12 m	onths but may be less dependir	ng 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 the patient prescribed a dose and duration of therapy consistent with the FDA approved package labeling?				
🗌 Yes	Yes 🗌 No			
Q2. Is this a request for a renewal? If YES, go to question 3. If NO, go to question 4.				
🗌 Yes	∕es □ No			
Q3. Is there documentation of positive clinical response and/or tolerance to the requested medication?				
□ Yes □ No				
Q4. Is the patient 18 years of age or older?				
☐ Yes		□ No		
Q5. Is there documentation of an active diagnosis of severe active ANCA-associated vasculitis of one of the following types?				
a. Granulomatosis with polyangiitis (GPA) b. Microscopic polyangiitis (MPA)				

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Member Name:	Prescriber Name:		
□ Yes	□ No		
Q6. Is there documentation that this will be used as adjunctive OR in combination with standard therapy (e.g., prednisone, azathioprine, mycophenolate, methotrexate, rituximab, cyclophosphamide)?			
□ Yes	□ No		
Q7. Is the medication prescribed by or in consultation with rheumatologist, nephrologist, or immunologist?			
□ Yes	□ No		
Q8. Does the patient have Eosinophilic Granulomatosis with Polyangiitis (EGPA), also known as Churg-Strauss syndrome?			
□ Yes	□ No		
Q9. Additional Information:			

Prescriber Signature

Date

v2025

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