



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Non-formulary drug

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

Expedited/Urgent checkbox

Drug Name:
Strength:
Directions / SIG:

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-Q9 questions regarding therapy duration, previous treatment, sample log, hospital treatment, other means, medical records, FDA indication, and diagnosis.



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Patient Name:

Prescriber Name:

Q10. Has the patient tried and failed all formulary alternatives?

Yes No

Q11. List all medications patient has been treated with previously that have resulted in failure or patient intolerance (for each please state the adverse outcome or type of failure).

Q12. Are the formulary alternatives that the patient tried and failed listed above?

Yes No

Q13. Are relevant labs or diagnostic test results attached?

Yes No

Q14. Additional Comments:

Prescriber Signature

Date

Updated 2015