



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Synagis

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 and Prescriber Name. Fields include HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid/CHIP), Fax, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, City, State ZIP, and Specialty/facility name.

Expedited/Urgent checkbox

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

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. Weight: ___ lbs ___ oz = ___ kg Dose: 15mg/kg x ___ kg = ___ mg

Q2. Has the member received the first dose of palivizumab before discharge from the hospital?

Yes/No checkboxes

Q3. Is the member an infant born before 29 weeks, 0 days' gestation and younger than 12 months at the start of the RSV season? Must attach discharge summary or chart notes.

Yes/No checkboxes

Q4. Is the member an infant born at or after 29 weeks, 0 days' gestation with congenital heart disease (CHD) (i.e. infant with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures, infant with moderate-to-severe pulmonary hypertension, or infant with cyanotic heart defects [consultation made with a pediatric cardiologist]) AND younger than 12 months at the start of the RSV season? Must attach discharge summary or chart notes.

Yes/No checkboxes

Q5. Is the member an infant born at or after 29 weeks, 0 days' gestation but before 32 weeks, 0 days' gestation with chronic lung disease (CLD-defined as a condition where infant required greater than 21% oxygen for at least 28 days after birth) AND is younger than 12 months at the start of the RSV season? Must attach discharge summary or chart notes.



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Patient Name:

Prescriber Name:

Yes checkbox

No checkbox

Q6. Is the member a preterm infant (defined as birth at or before 32 weeks, 0 days' gestation), less than or equal to 24 months of age with CLD of prematurity who required at least 28 days of supplemental oxygen after birth and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q7. Is the member less than or equal to 12 months of age with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways at the start of the RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q8. Is the member less than or equal to 24 months of age who will be profoundly immunocompromised (such as children who undergo solid organ or hematopoietic stem cell transplantation, receiving chemotherapy or who are immunocompromised because of other conditions) during the RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q9. Is the member an infant with cystic fibrosis with clinical evidence of CLD and/or nutritional compromise who is younger than or equal to 12 months at the start of the RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q10. Is the member less than or equal to 24 months of age with cystic fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight for length less than the 10th percentile at the start of the RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q11. Is the member less than or equal to 24 months of age undergoing cardiac transplantation during the RSV season? Must attach discharge summary or chart notes.

Yes checkbox

No checkbox

Q12. Additional Information:

Prescriber Signature

Date

Updated 2018