



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Repatha Renewal

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

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. Has the patient been approved for treatment with Repatha® previously?

Yes checkbox

No checkbox

Q2. Has the patient tolerated treatment with Repatha®?

Yes checkbox

No checkbox

Q3. Have updated labs (post-treatment lipid profile) been attached?

Yes checkbox

No checkbox

Q4. Do labs show a further reduction in LDL compared to baseline labs?

Yes checkbox

No checkbox

Q5. Has the patient remained adherent to treatment with maximally tolerated statin and diet while being treated with Repatha®?

Yes checkbox

No checkbox

Q6. Requested Duration:

12 months checkbox

Q7. Additional Information:

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Patient Name:

Prescriber Name:

[Empty input box for Patient Name and Prescriber Name]

Prescriber Signature

Date

Updated 2018