Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Makena

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.

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

□ Expedited/Urgent

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. Is the patient greater than or equal to 16 years of age?

☐ Yes ☐ No

Q2. Is the patient a pregnant female with a single fetus?

☐ Yes ☐ No

Q3. Is the patient's pregnancy between 16 weeks, 0 days and 20 weeks, 6 days gestation?

☐ Yes ☐ No

Q4. Provide specific gestational age:

Q5. Does the patient have a documented history of a singleton spontaneous preterm birth (prior to 37 weeks gestation)?

☐ Yes ☐ No

Q6. Does the patient have any of the following conditions below? A.Current or history of thrombosis or thromboembolic disorders; B. Known or suspected breast cancer, other hormone-sensitive cancer, or history of these conditions; C. Undiagnosed abnormal vaginal bleeding unrelated to pregnancy; D. Cholestatic jaundice of pregnancy; E. Liver tumors, benign or malignant, or active liver disease; F. Uncontrolled hypertension

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q7. Is the prescribing physician a specialist (e.g. OB-GYN)?

☐ Yes ☐ No

Q8. Requested Duration:

☐ Up to 36 weeks

Q9. Additional Information:

Prescriber Signature

Date

Updated 2018