



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Xolair (omalizumab) 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 two columns: Patient Name and Prescriber Name. Fields include Member Number, Date of Birth, Address, City, State ZIP, 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. For Asthma: Has the patient had a reduction in asthma-related symptoms, decreased need for systemic corticosteroids or a decrease in the number of asthma related hospitalizations?

Yes/No checkboxes for Q1

Q2. Is there a treatment plan in place to titrate down to the minimum inhaled corticosteroid dose necessary to maintain control?

Yes/No checkboxes for Q2

Q3. For Chronic Idiopathic Urticaria: Did the patient show improvement after the first dose of Xolair?

Yes/No checkboxes for Q3

Q4. Has the dose been increased to achieve efficacy?

Yes/No checkboxes for Q4

Q5. Did the patient show improvement after the third dose of Xolair given?

Yes/No checkboxes for Q5

Q6. Does the patient have improvement of symptoms after 3 months of treatment?

Yes/No checkboxes for Q6

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Xolair (omalizumab) 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.

Patient Name:

Prescriber Name:

Q7. Is there a treatment plan in place to lower the dose or lengthen the interval between injections if the patient had an improvement of symptoms (Please attach the treatment plan)?

Yes

No

Q8. Requested Duration:

12 Months (Asthma)

3 Months (CIU)

Q9. Additional Information:

Prescriber Signature

Date

Updated 2018