Health Partners Plans

# HEALTH PARTNERS PLANS
## *PRIOR AUTHORIZATION REQUEST FORM*

## MIGRAINE PREVENTION AGENTS (CALCITONIN GENE-RELATE 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:** | |
|---|---|---|
| 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<br>□ CHIP | City, State ZIP:<br>**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. Has the patient been previously approved for the medication?

☐ Yes ☐ No

Q2. Has the patient been compliant with filling their prescription?

☐ Yes ☐ No

Q3. Has the patient had a positive response to the antimigraine therapy with a reduction in attack frequency, severity and/or duration? Please include documentation of the total number of monthly migraine headache days the patient had over the past 3 months

☐ Yes ☐ No

Q4. Is the medication being prescribed by or in consultation with a neurologist or headache specialist?

☐ Yes ☐ No

Q5. Is the dose prescribed consistent with FDA approved package labeling or nationally recognized compendia?

☐ Yes ☐ No

Q6. Requested Duration:

☐ 6 Months

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|---|---|

Q7. Additional Information:

Prescriber Signature

Date

*Updated 2018*