



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

BOTULINUM TOXINS 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 prescriber provided medical documentation to support the need for repeat treatment also showing previous injection sites and any proposed sites for repeat treatment occurring no sooner than 3 months? Documentation must be attached.

Yes/No checkboxes for Q1

Q2. Was there an increase in dose (total units requested) from the previously-approved request?

Yes/No checkboxes for Q2

Q3. Has the prescriber submitted documentation of the proposed injection site(s) and the dose that will be injected into each site?

Yes/No checkboxes for Q3

Q4. Is the dose in accordance with the recommend dosing below and occurring no sooner than every 3 months? I. Overactive bladder - up to 100 units per treatment; II. Urinary incontinence - up to 200 units per treatment; III. Chronic migraine - up to 155 units per treatment; IV. Upper or lower limb spasticity - up to 400 units per treatment; V. Cervical dystonia - up to 300 units per treatment (up to 50 units per site); VI. Hyperhidrosis - up to 100 units per treatment (up to 50 units per axilla); VII. Blepharospasm - up to 200 units per treatment; VIII. Strabismus - up to 25 units per muscle per injection

Yes/No checkboxes for Q4

Q5. Requested Duration:

3 months/12 months checkboxes for Q5

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Patient Name:

Prescriber Name:

Q6. Additional Information:

Prescriber Signature

Date

Updated 2018