



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Targretin

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. Is the patient equal to or greater than 18 years of age?

Yes checkbox

No checkbox

Q2. Is the prescriber an oncologist?

Yes checkbox

No checkbox

Q3. Does the patient have refractory or persistent cutaneous T-cell lymphoma (CTCL) with cutaneous lesions?

Yes checkbox

No checkbox

Q4. Has the patient tried and failed, been unable to tolerate, or have contraindications to other therapies such as topical corticosteroids, topical imiquimod, topical chemotherapy (mechlorethamine [nitrogen mustard], carmustine), local radiation, or phototherapy?

Yes checkbox

No checkbox

Q5. Is the patient a female?

Yes checkbox

No checkbox

Q6. Is the patient pregnant?

Yes checkbox

No checkbox

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Patient Name:

Prescriber Name:

Q7. Will the patient complete a pregnancy test one week prior to starting therapy and monthly until one month after stopping therapy to confirm they are not pregnant?

Yes checkbox

No checkbox

Q8. Will two forms of reliable contraception be used (recommended at least one of these two forms of contraception should be non-hormonal)?

Yes checkbox

No checkbox

Q9. Requested Duration:

6 months checkbox

Q10. Additional Information:

Prescriber Signature

Date

Updated 2018