



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Targetin 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 patient been previously approved for Targetin gel for the treatment of cutaneous lesions in patients with CTCL?

Yes checkbox

No checkbox

Q2. Is the patient female?

Yes checkbox

No checkbox

Q3. Is the patient continuing a monthly pregnancy test to confirm they are not pregnant?

Yes checkbox

No checkbox

Q4. Are two forms of reliable contraception being used (recommended at least one of these two forms of contraception should be non-hormonal)?

Yes checkbox

No checkbox

Q5. Requested Duration:

6 months checkbox

Q6. Additional Information:



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Patient Name:

Prescriber Name:

Prescriber Signature

Date

Updated 2018