



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Antifungals - Topical

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: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis.

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 this a request for a nail solution indicated for the treatment of onychomycosis?

Yes checkbox

No checkbox

Q2. Does the patient have a diagnosis of onychomycosis that causes a medical problem and is confirmed by culture?

Yes checkbox

No checkbox

Q3. Is the patient age-appropriate for the requested drug according to package labeling?

Yes checkbox

No checkbox

Q4. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of oral terbinafine?

Yes checkbox

No checkbox

Q5. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred topical antifungals (e.g., Alevazol ointment, Aloe Vesta ointment, Antifungal cream, Antifungal powder, Athlete's Foot topical spray, Athlete's Foot AF cream, butenafine cream, ciclopirox cream, ciclopirox solution, clotrimazole cream, clotrimazole/betamethasone cream, Desenex powder, Jock Itch powder spray, ketoconazole shampoo, Lamisil AF Defense spray, Lamisil antifungal spray, miconazole cream, Miconazorb AF powder, Nyamyc powder, nystatin cream, nystatin ointment, nystatin powder, Nystop powder, terbinafine cream, tolnafate cream, tolnafate powder, Zeasorb powder)??

Yes checkbox

No checkbox

Q6. Additional Information:



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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

*Updated for 2020*