



Health Partners Plans

**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Hereditary Angioedema Agents

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:	
Patient Primary Phone:	NPI:	PA PROMSe ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>		

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. Does the patient have a diagnosis of hereditary angioedema (HAE)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q2. Has the patient previously received prior authorization approval for the requested drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q3. Has the diagnosis been confirmed by both of the following: A) low C4 complement level (mg/dL), and B) low C1 esterase inhibitor antigenic level (mg/dL) or functional level (less than 65%)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q4. Has the diagnosis been confirmed by an allergist or immunologist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q5. Is the patient taking estrogen or an angiotensin-converting enzyme (ACE) inhibitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Is the requested drug a human C1 esterase inhibitor (i.e. Berinert, Cinryze, Haegarda)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Has the patient been tested for hepatitis B, hepatitis C, and human immunodeficiency virus (HIV)?		
Q8. Has the patient received vaccination for hepatitis B?		

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<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Is the request for prophylaxis with a C1 esterase inhibitor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Does the patient have a documented history of more than one hereditary angioedema (HAE) attack per month requiring acute treatment in the hospital emergency department (ED) setting?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. Is the request for a non-preferred hereditary angioedema (HAE) agent?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred hereditary angioedema (HAE) agents? [If yes, skip to question 17.]	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13. Does the patient have a current history (within the past 90 days) of being prescribed the same requested non-preferred hereditary angioedema (HAE) agent? [If yes, skip to question 17.]	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q14. Does the patient have a current history (within the past 90 days) of being prescribed the same requested non-preferred hereditary angioedema (HAE) agent? [If yes, skip to question 17.]	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15. Is the request for prophylaxis with a C1 esterase inhibitor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q16. Has the patient had a documented reduction in the number and/or severity of hereditary angioedema (HAE) attacks?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q17. Is the requested drug being prescribed by an allergist or immunologist?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q18. Additional Information:	



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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

Updated for 2020