



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

HIV-AIDS Antiretrovirals

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, Strength, Refills, Specialty Pharmacy.

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 requested drug in the same class of drugs as a drug that the patient is already receiving?

Yes No

Q2. Does the patient have a documented history of contraindication, intolerance, or lab test results showing resistance to the preferred HIV/AIDS Antiretrovirals with the same mechanism of action as the requested agent?

Yes No

Q3. Does the patient have a current history (within the past 90 days) of being prescribed the same non-preferred HIV/AIDS Antiretroviral?

Yes No

Q4. Is the requested drug prescribed for either of the following: A) an indication that is included in the U.S. Food and Drug Administration (FDA)-approved package labeling, or B) a medically accepted indication?

Yes No

Q5. Is the requested dose consistent with the U.S. Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q6. For an NNRTI, is the patient being titrated or tapered from another NNRTI?

Yes No

Q7. For a protease inhibitor, is the patient being titrated or tapered from another protease inhibitor?

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Patient Name: Prescriber Name:

Yes

No

Q8. Does the patient have a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?

Yes

No

Q9. Additional Information:

Prescriber Signature

Date

Updated for 2020