



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Kuvan

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, etc.

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 being used in combination with Palynziq?

Yes No

Q2. Is this a request for continuation of therapy? [If no, skip to question 6.]

Yes No

Q3. Has the patient been compliant with filling their prescription?

Yes No

Q4. Has the patient experienced any serious side effects while being treated with the requested drug?

Yes No

Q5. Has the patient had at least a 20 percent reduction in blood phenylalanine concentration from baseline after at least 2 months of therapy at a maximum dose of 20 milligrams per kilogram per day? Labs must be attached.

Yes No

Q6. Is the requested drug being prescribed by or in consultation with a metabolic diseases specialist or a provider who specializes in the treatment of phenylketonuria (PKU)?

Yes No

Q7. Does the patient have a diagnosis of phenylketonuria (PKU) confirmed by blood phenylalanine concentrations? Chart notes documenting diagnosis AND labs must be attached.

Yes No



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Q8. Has the patient tried non-pharmacological treatment options (such as restriction of dietary phenylalanine intake)? Notes must be attached showing the patient has tried and failed dietary restriction in consultation with a nutritionist.

Yes checkbox

No checkbox

Q9. Is there documentation that the requested drug will be used in combination with a phenylalanine-restricted diet? Notes must be attached that the documenting patient is following a phenylalanine-restricted diet in consultation with a nutritionist.

Yes checkbox

No checkbox

Q10. Additional Information:

Prescriber Signature

Date

Updated for 2020