



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Leukotriene Modifiers

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 this a request for montelukast granules?

Yes No

Q2. Is the patient less than 2 years of age?

[Note: Prior Authorization is not required for patients less than 2 years of age.]

Yes No

Q3. Is this a request for a preferred leukotriene modifier (e.g., montelukast tablet, montelukast chewable tablet)?

Yes No

Q4. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred leukotriene modifier (e.g., montelukast tablet, montelukast chewable tablet)?

Yes No

Q5. Is this a request for a leukotriene modifier when there is a record of a recent paid claim for another leukotriene modifier (i.e., potential therapeutic duplication)?

Yes No

Q6. Is the patient being titrated to, or tapered from, a drug in the same class?

Yes No

Q7. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?



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Patient Name:	Prescriber Name:
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q8. Additional Information:
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\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

*Updated for 2020*