



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Lipotropics - Statins

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 this a request for a preferred statin drug (e.g., atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin)?

Yes No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred statin drugs (e.g., atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin)?

Yes No

Q3. Is this a request for a statin drug when there is a record of a recent paid claim for another statin (i.e., potential therapeutic duplication)?

Yes No

Q4. Is the patient being titrated to, or tapered from, a drug in the same class?

Yes No

Q5. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

Yes No

Q6. Additional Information:

Prescriber Signature

Date



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| Patient Name: | Prescriber Name: |
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Updated for 2020