



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Local Topical Anesthetics

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 lidocaine viscous oral solution or lidocaine oral jelly?

Yes No

Q2. Is the patient 3 years of age or older?

[Note: Prior Authorization for lidocaine viscous oral solution or lidocaine oral jelly is only required for patients less than 3 years of age.]

Yes No

Q3. Is the requested drug being prescribed for the treatment of teething pain?

Yes No

Q4. Does the patient have documented therapeutic failure, contraindication to, or intolerance of alternative recommended treatments for the patient's indication?

Yes No

Q5. Is the patient prescribed a dose that is consistent with United States Food and Drug Administration (US FDA) approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q6. Does the patient have a documented history of therapeutic failure, intolerance of, or contraindication to the preferred topical local anesthetic drugs?

Yes No

Q7. Additional Information:

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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

*Updated for 2020*