Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Platelet Aggregation Inhibitors

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.

Patient Name:	Prescriber Name:	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	
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 Zontivity (vorapaxar)?

☐ Yes ☐ No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred platelet aggregation inhibitors (e.g., Aggrenox, Brilinta, clopidogrel, dipyridamole tablet, prasugrel)?

☐ Yes ☐ No

Q3. Is Zontivity (vorapaxar) being prescribed for a condition that is United States (US) Food and Drug Administration (FDA) approved or a medically-accepted indication?

☐ Yes ☐ No

Q4. Will the patient be taking Zontivity (vorapaxar) in addition to aspirin and/or clopidogrel?

☐ Yes ☐ No

Q5. Is Zontivity (vorapaxar) being prescribed by or in consultation with a cardiologist or other vascular specialist?

☐ Yes ☐ No

Q6. Does the patient have any contraindications to Zontivity (vorapaxar)?

☐ Yes ☐ No

Q7. Will the patient be taking any of the following concomitantly with Zontivity:
A) anticoagulants,
B) chronic nonsteroidal anti-inflammatory drugs (NSAIDs),
C) selective serotonin reuptake inhibitors (SSRIs),

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D) serotonin-norepinephrine reuptake inhibitors (SNRIs)?

☐ Yes ☐ No

Q8. Have any potential drug interactions been addressed by the prescriber?

☐ Yes ☐ No

Q9. Does the patient have severe hepatic impairment?

☐ Yes ☐ No

Q10. Additional Information:

Prescriber Signature

Date

Updated for 2020