



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Progestational Agents

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, PA PROMISe ID.

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.

Questions Q1-Q7 regarding brand Makena injections, non-preferred products, therapeutic failure, generic hydroxyprogesterone caproate, pregnancy status, gestation weeks, and preterm birth history.

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above.



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Patient Name: Prescriber Name:

Q8. Is the requested drug being initiated/was the requested drug being initiated between 16 weeks, 0 days gestation and 26 weeks gestation?
Yes No

Q9. Does the patient have a contraindication to the use of the requested drug as seen in the "Prescribing Information/Contraindications" section of the package insert?
Yes No

Q10. Does the patient have any of the following:
A) history of, or plans for, a cervical cerclage,
B) known fetal anomaly, OR
C) history of seizure disorder
Yes No

Q11. Additional Information:

Prescriber Signature

Date

Updated for 2020