



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Zyvox

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. Does the patient have a vancomycin-resistant Enterococcus faecium infection, with or without concurrent bacteremia?

Yes No

Q2. Have labs (sensitivities and cultures/blood culture results) and an Infectious Disease consult been completed? [Note: Please attach documentation.]

Yes No

Q3. Does the patient have nosocomial pneumonia caused by Staphylococcus aureus (methicillin-susceptible and -resistant strains) OR Streptococcus pneumoniae OR community-acquired pneumonia caused by Streptococcus pneumoniae, including cases with concurrent bacteremia, OR Staphylococcus aureus (methicillin-susceptible strains only)?

Yes No

Q4. Have labs (sensitivities, sputum and/or blood culture results) and an Infectious Disease consult been completed? [Note: Please attach documentation.]

Yes No

Q5. Is the patient intolerant to, unable to take, or tried and failed pharmacological treatment with intravenous (IV) vancomycin? [Note: Please attach documentation.]

Yes No

Q6. Does the patient have an uncomplicated skin and skin structure infection caused by Staphylococcus aureus



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(methicillin-susceptible strains only) or Streptococcus pyogenes?
[If NO, then skip to question 9.]

Yes No

Q7. Have labs (sensitivities and cultures) and an Infectious Disease consult been completed?
[Note: Please attach documentation.]

Yes No

Q8. Is the patient intolerant to, unable to take, or tried and failed pharmacological treatment from the following formulary therapeutic classes or medications:
A) oral clindamycin,
B) oral trimethoprim/sulfamethoxazole,
C) oral doxycycline or oral minocycline?
[Note: Please attach documentation.]

Yes No

Q9. Does the patient have a complicated skin and skin structure infection, including diabetic foot infections, without concomitant osteomyelitis, caused by Staphylococcus aureus (methicillin-susceptible and –resistant strains), Streptococcus pyogenes, or Streptococcus agalactiae?
[If NO, then skip to question 12.]

Yes No

Q10. Have labs (sensitivities and cultures) and an Infectious Disease consult been completed?
[Note: Please attach documentation.]

Yes No

Q11. Is the patient intolerant to, unable to take, or tried and failed pharmacological treatment with intravenous (IV) vancomycin?
[Note: Please attach documentation.]

Yes No

Q12. Does the patient have methicillin-resistant Staphylococcus aureus (MRSA) osteomyelitis?

Yes No

Q13. Have labs [magnetic resonance imaging (MRI), cultures] and an Infectious Disease consult been completed?
[Note: Please attach documentation.]

Yes No

Q14. Was surgical debridement and drainage of associated soft-tissue abscesses performed on the patient?

Yes No



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Q15. Is the patient intolerant to, unable to take, or tried and failed pharmacological treatment from the following formulary therapeutic classes or medications:

- A) intravenous (IV) vancomycin,
B) intravenous (IV) or oral clindamycin,
C) intravenous (IV) or oral trimethoprim/sulfamethoxazole with intravenous (IV) or oral rifampin?
[Note: Please attach documentation.]

Yes No

Q16. Does the patient have methicillin-resistant Staphylococcus aureus (MRSA) septic arthritis?

Yes No

Q17. Have labs [magnetic resonance imaging (MRI), joint/blood cultures] and an Infectious Disease consult been completed?
[Note: Please attach documentation.]

Yes No

Q18. Was drainage or debridement of the joint space performed on the patient?

Yes No

Q19. Is the patient intolerant to, unable to take, or tried and failed pharmacological treatment from the following formulary therapeutic classes or medications:

- A) intravenous (IV) vancomycin,
B) intravenous (IV) or oral clindamycin,
C) intravenous (IV) or oral trimethoprim/sulfamethoxazole with intravenous (IV) or oral rifampin?
[Note: Please attach documentation.]

Yes No

Q20. Additional Information:

Prescriber Signature

Date

Updated for 2020