Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Nonsteroidal Anti-Inflammatory Drugs (NSAIDS)

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 oral or nasal ketorolac (Toradol)?

☐ Yes ☐ No

Q2. Is the requested drug age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q3. Is the patient prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q4. Is the patient taking concomitant aspirin or any other nonsteroidal anti-inflammatory drugs (NSAIDs)?

☐ Yes ☐ No

Q5. Is this a request for a non-preferred nonsteroidal anti-inflammatory drug (NSAID)?

☐ Yes ☐ No

Q6. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred NSAIDs (excluding ketorolac) with the same route of administration?

☐ Yes ☐ No

Q7. Is this a request for an NSAID when there is a record of a recent paid claim for another NSAID (i.e., potential therapeutic duplication)?

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☐ Yes	☐ No
Q8. Is the patient being transitioned to another drug in the same class with the intent of discontinuing one of the medications?	
☐ Yes	☐ No
Q9. Has the prescriber provided a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?	
☐ Yes	☐ No
Q10. Additional Information:	

Prescriber Signature

Date

Updated for 2021