



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Antimalarials

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, Specialty Pharmacy.

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 the requested drug being prescribed for an indication included in the United States Food and Drug Administration (US FDA) approved package labeling OR a medically accepted indication?

Yes No

Q2. Is the patient prescribed a dose and duration of therapy that is consistent with Food and Drug Administration (FDA) approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

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

Yes No

Q4. Is the requested drug being prescribed for the prevention of malaria?

Yes No

Q5. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred antimalarial drugs for the patient's diagnosis (e.g., atovaquone/proguanil, chlorquine, Coartem, hydroxychloroquine, Krintafel, mefloquine, primaquine)?

Yes No

Q6. Additional Information:



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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

Updated for 2022