



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Oncology Agents - Oral

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 request for a renewal of prior authorization for an Oncology Agent, Oral that was previously approved? [Note: See the Preferred Drug List (PDL) for the list of preferred and non-preferred Oncology Agents, Oral at: https://papdl.com/preferred-drug-list]

Yes No

Q2. Is there documentation of tolerability and a positive clinical response to the therapy?

Yes No

Q3. Is the patient prescribed a dose that is consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q4. Is the requested Oncology Agent, Oral prescribed by or in consultation with an oncologist or hematologist?

Yes No

Q5. Is the patient prescribed the Oncology Agent, Oral for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling OR a medically accepted indication?

Yes No

Q6. Is the patient prescribed a dose that is consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

Yes No

Q7. Is the requested Oncology Agent, Oral prescribed by or in consultation with an oncologist or hematologist?

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Form with fields for Patient Name, Prescriber Name, and questions Q8, Q9, Q10, and Q11 regarding oncology agents.

Prescriber Signature

Date

Updated for 2022