



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Acne Agents - Topical

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.

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 a topical acne agent with the potential for cosmetic use, such as those with an active ingredient of tretinoin, adapalene, azelaic acid or tazarotene?

Yes No

Q2. Is the patient 21 years of age or older?

Yes No

Q3. Does the patient have a diagnosis that confirms the treatment is for a non-cosmetic indication, such as, but not limited to acne, rosacea or plaque psoriasis?

Yes No

Q4. Is this a request for a preferred topical acne agent?

Yes No

Q5. Does the patient have a documented history of therapeutic failure, intolerance of, or contraindication to the preferred topical acne agents?

Yes No

Q6. Additional Information:

Prescriber Signature

Date

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. The authorized recipient of this information is prohibited from disclosing this information to any other party.



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Patient Name:	Prescriber Name:
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Updated for 2022