



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Targretin 1% Gel

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.

Questions Q1-Q7 regarding therapy continuation, previous approvals, patient demographics, pregnancy tests, contraception, age, and prescriber type.

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.



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Patient Name: Prescriber Name:

Q8. Does the patient have refractory or persistent cutaneous T-cell lymphoma (CTCL) with cutaneous lesions?
Q9. Has the patient tried and failed, been unable to tolerate, or have contraindications to other therapies such as topical corticosteroids, topical imiquimod, topical chemotherapy (mechlorethamine [nitrogen mustard], carmustine), local radiation, or phototherapy?
Q10. Is the patient female?
Q11. Is the patient pregnant?
Q12. Will the patient complete a pregnancy test one week prior to starting therapy and monthly until one month after stopping therapy to confirm they are not pregnant?
Q13. Will two forms of reliable contraception be used (recommended at least one of these two forms of contraception should be non-hormonal)?
Q14. Additional Information:

Prescriber Signature

Date

Updated for 2022