



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Antifungals - 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, 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. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred topical antifungals approved or medically accepted for the beneficiary's diagnosis or indication (e.g., Alevazol ointment, butenafine cream, ciclopirox cream, ciclopirox solution, clotrimazole cream, clotrimazole/betamethasone cream, econazole cream, ketoconazole cream, ketoconazole shampoo, miconazole aerosol powder miconazole cream, miconazole powder, Nyamyc powder, nystatin cream, nystatin ointment, nystatin powder, Nystop powder, terbinafine cream, tolnaftate aerosol powder, tolnaftate cream, tolnaftate powder, tolnaftate spray)?

Yes

No

Q2. Additional Information:

Prescriber Signature

Date

Updated for 2022