Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Long-Acting Injectable Antipsychotics Renewal

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.

Patient Name:	**Prescriber Name:**	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Address:	NPI:	Promise ID:
City, State ZIP:	Prescriber PA PROMISe ID:	
Patient Primary Phone:	Address:	
Line of Business: □ Medicaid □ CHIP	City, State ZIP:	
	Specialty/facility name (if applicable):	

□ Expedited/Urgent

Drug Name:
Strength:
Days Supply:
Number of Refills:
Directions / SIG:

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. Has the patient been previously approved for this medication?

☐ Yes ☐ No

Q2. Has the patient been compliant with filling their prescription for the long acting injectable antipsychotic?

☐ Yes ☐ No

Q3. Has greater than the recommended length of time elapsed since the patient's last injection with requested injectable antipsychotic? Please provide date of last injection.

☐ Yes ☐ No

Q4. Has documentation been attached indicating the reason why the patient missed doses and treatment plan to restart therapy?

☐ Yes ☐ No

Q5. Has the patient clinically improved or remained stable while receiving? Please submit documentation.

☐ Yes ☐ No

Q6. Has the patient been tolerating the medication?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q7. Requested Duration:

☐ 12 Months

Q8. Additional Information:

Prescriber Signature

Date

Updated 2018

Sunray
Specialty Pharmacy
Phone: 215-471-4000 x0 | Fax: 215-471-4001