Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Synagis

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:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
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 the member an infant born before 29 weeks, 0 days' gestation and younger than 12 months at the start of the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q2. Is the member an infant born at or after 29 weeks, 0 days' gestation with congenital heart disease (CHD) and younger than 12 months at the start of the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q3. Does the member meet one of the following conditions:
A) Infant with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures,
B) Infant with moderate-to-severe pulmonary hypertension,
C) Infant with cyanotic heart defects (consultation made with a pediatric cardiologist)?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q4. Is the member an infant born at or after 29 weeks, 0 days' gestation but before 32 weeks, 0 days' gestation with chronic lung disease (CLD) and younger than 12 months at the start of the respiratory syncytial virus (RSV) season?

☐ Yes ☐ No

Q5. Has the member required greater than 21 percent oxygen for at least 28 days after birth?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q6. Is the member a preterm infant (defined as birth at or before 32 weeks, 0 days' gestation), less than or equal to 24 months of age with chronic lung disease (CLD) of prematurity who required at least 28 days of supplemental oxygen after birth and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q7. Is the member less than or equal to 12 months of age with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways at the start of the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q8. Is the member less than or equal to 24 months of age who will be profoundly immunocompromised (such as children who undergo solid organ or hematopoietic stem cell transplantation, receiving chemotherapy or who are immunocompromised because of other conditions) during the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q9. Is the member an infant with cystic fibrosis with clinical evidence of chronic lung disease (CLD) and/or nutritional compromise who is younger than or equal to 12 months at the start of the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q10. Is the member less than or equal to 24 months of age with cystic fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight for length less than the 10th percentile at the start of the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q11. Is the member less than or equal to 24 months of age undergoing cardiac transplantation during the respiratory syncytial virus (RSV) season?
[Note: Please attach discharge summary or chart notes.]

☐ Yes ☐ No

Q12. Has the member received the first dose of the requested drug before discharge from the hospital?

☐ Yes ☐ No

Q13. Additional Information:

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Patient Name:	Prescriber Name:

_____ _____

Prescriber Signature Date

Updated for 2023