Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Proton Pump Inhibitors

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 this a request for a patient less than six (6) years of age when a proton pump inhibitor (PPI) has been prescribed for a total of four (4) months or more in the previous 180 day period?

☐ Yes ☐ No

Q2. Does the patient have a chronic primary disease, such as cystic fibrosis, cerebral palsy, Down's Syndrome/mental retardation, or repaired esophageal atresia?

☐ Yes ☐ No

Q3. Does the patient have documentation of a comprehensive evaluation and appropriate diagnostic testing confirming a diagnosis that requires chronic therapy?

☐ Yes ☐ No

Q4. Is the requested drug being prescribed by or in consultation with a gastroenterologist?

☐ Yes ☐ No

Q5. Is this a request for an over-the-counter (OTC) proton pump inhibitor (PPI) for a patient with dual eligibility?

☐ Yes ☐ No

Q6. Is the patient being prescribed the over-the-counter (OTC) proton pump inhibitor (PPI) as part of a Medicare Part D plan utilization management program, including a step-therapy or prior authorization program?

☐ Yes ☐ No

Q7. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of the proton pump inhibitors (PPIs) on the patient's Medicare Part D plan formulary?

Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Proton Pump Inhibitors

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:

☐ Yes	☐ No
Q8. Is this a request for a proton pump inhibitor (PPI) when there is a recent paid claim for another drug in the same therapeutic drug class (i.e., potential therapeutic duplication)?	
☐ Yes	☐ No
Q9. Is the patient being titrated to or tapered from a drug in the same class?	
☐ Yes	☐ No
Q10. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?	
☐ Yes	☐ No
Q11. Is this a request for a preferred proton pump inhibitor (PPI)?	
☐ Yes	☐ No
Q12. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of the preferred proton pump inhibitors (PPIs)?	
☐ Yes	☐ No
Q13. Additional Information:	

Prescriber Signature _____ Date _____

Updated for 2023