



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Invega Trinza

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 for Patient Name, Member Number, Date of Birth, Address, City, State ZIP, Primary Phone, Line of Business, Prescriber Name, Fax, Phone, Office Contact, NPI, State Lic ID, Address, City, State ZIP, Specialty/facility name.

Expedited/Urgent checkbox

Drug Name:

Strength:

Directions / SIG:

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-Q8 questions regarding patient age, diagnosis, stabilization, conversion, treatment, clinical improvement, and requested duration.

Prescriber Signature

Date

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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Prescriber Name:

Updated 2015