



HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Dronabinol - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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, Line of Business, Address, City, State ZIP, Primary Phone, Prescriber Name, Fax, Phone, Office Contact, NPI, State Lic ID, Address, City, State ZIP, Specialty/facility name.

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

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. Is the requested drug being prescribed for the documented diagnosis of anorexia associated with weight loss in a patient with Acquired Immune Deficiency Syndrome (AIDS)?

Yes No

Q2. Is the diagnosis chemotherapy-induced nausea and vomiting in a patient with inadequate response to conventional antiemetic treatments [such as 5-HT3 (serotonin) receptor antagonists, NK1 (neurokinin-1) receptor antagonists, glucocorticoids]?

Yes No

Q3. Is dronabinol being used in conjunction with cancer treatment as full replacement for intravenous anti-nausea medication within 48 hours of administration of the cancer treatment?

Yes No

Q4. Additional Information:

Q5. Requested Duration:

12 Months

Prescriber Signature

Date

2021 Medicare Prior Authorization Request

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