



**HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Part B vs D: ESRD - 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.

Patient Name:	Prescriber Name:	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Line of Business: <input type="checkbox"/> Medicare	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

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 by a dentist, chiropractor, gynecologist, ophthalmologist, podiatrist, or hospital emergency room prescriber?

Yes

No

Q2. Is the requested drug being prescribed or dispensed for End-Stage Renal Disease (ESRD) and/or dialysis related services provided by an ESRD facility? (ESRD and/or dialysis related medications are paid to centers providing ESRD and/or dialysis related services as part of a Medicare Part B bundled payment.)

- Access Management - Drugs used to ensure access by removing clots from grafts, reverse anticoagulation if too much medication is given, and provide anesthetic for access placement.
- Anemia Management - Drugs used to stimulate red blood cell production and/or treat or prevent anemia. This category includes ESAs (erythropoiesis-stimulating agents) as well as iron.
- Bone and Mineral Metabolism - Drugs used to prevent/treat bone disease secondary to ESRD/dialysis treatment. This category includes phosphate binders and calcimimetics.
- Cellular Management - Drugs used for deficiencies of naturally occurring substances needed for cellular management. This category includes levocarnitine.

Yes

No

Q3. Is the requested drug being supplied from the physician and/or office stock supply and billed as part of a physician service (i.e., the drug is being furnished "incident to a physician's service")?

Yes

No

Q4. Additional Information:

Q5. Requested Duration:

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Patient Name:

Prescriber Name:

12 Months

Prescriber Signature

Date

2021 Medicare Prior Authorization Request