## Health Partners •••• Medicare

## PRIOR AUTHORIZATION REQUEST FORM

Posaconazole - 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: □ 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 the life or health of the enrollee or the enrollee's ability to regain	signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize maximum function.
Drug Name:	
Strength:  Directions / SIG:	
Directions / Sig.	
Please attach any pertinent medical history i	including labs and information for this member that may support approval.
Please ar	nswer the following questions and sign.
Q1. Is the medication being used for treatmer Candida infections in severely immunocompro	nswer the following questions and sign.  Int of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from
Q1. Is the medication being used for treatmer Candida infections in severely immunocompro with graft-versus host-disease (GVHD) or tho	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or thouchemotherapy)?	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or thouchemotherapy)?	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or thouchemotherapy)?  Yes  Q2. Is the medication being used for treatmer Yes	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from  No  nt of oropharyngeal candidiasis?
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or thouchemotherapy)?  Yes  Q2. Is the medication being used for treatmer Yes	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from  No  No  No
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or those chemotherapy)?  Yes  Q2. Is the medication being used for treatmer Yes  Q3. Does the patient have a known hypersen Yes  Q4. Will Noxafil or posaconazole be used with	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from  No  No  sitivity to posaconazole or other azole antifungal agents?  No  h sirolimus, CYP3A4 substrates (pimozide, quinidine), HMG-CoA ough cyp3a4 (e.g., atorvastatin, lovastatin, and simvastatin), ergot
Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or those chemotherapy)?  Yes  Q2. Is the medication being used for treatmer Yes  Q3. Does the patient have a known hypersen Yes  Q4. Will Noxafil or posaconazole be used with reductase inhibitors primarily metabolized three	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from  No  No  sitivity to posaconazole or other azole antifungal agents?  No  h sirolimus, CYP3A4 substrates (pimozide, quinidine), HMG-CoA ough cyp3a4 (e.g., atorvastatin, lovastatin, and simvastatin), ergot
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Q1. Is the medication being used for treatmer Candida infections in severely immunocomprowith graft-versus host-disease (GVHD) or those chemotherapy)?  Yes  Q2. Is the medication being used for treatmer Yes  Q3. Does the patient have a known hypersen Yes  Q4. Will Noxafil or posaconazole be used with reductase inhibitors primarily metabolized threalkaloids (ergotamine and dihydroergotamine Yes	nt of invasive Aspergillosis OR prophylaxis of invasive Aspergillus and omised patients (hematopoietic stem cell transplant (HSCT) recipients se with hematologic malignancies with prolonged neutropenia from  No  No  sitivity to posaconazole or other azole antifungal agents?  No  h sirolimus, CYP3A4 substrates (pimozide, quinidine), HMG-CoA ough cyp3a4 (e.g., atorvastatin, lovastatin, and simvastatin), ergot etc.), or venetoclax?

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Prescriber Signature	Date

2023 Medicare Prior Authorization Request