



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Bexarotene (Targretin) Gel - Medicare

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: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, etc.

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. Will Targetin gel be prescribed by a dermatologist, hematologist, or oncologist?

Yes checkbox

No checkbox

Q2. Is the requested medication being used for a medically-accepted indication not otherwise excluded from Part D? Please provide documentation of diagnosis.

Yes checkbox

No checkbox

Q3. Additional Information:

Q4. Duration:

12 months checkbox

Other checkbox

Prescriber Signature

Date

Updated for 2023