



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Hypoglycemics - Insulins and Related Agents

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. Is this a request for a nonpreferred Hypoglycemic, Insulin and Related agent that does not contain a glucagon-like peptide-1 (GLP-1) receptor agonist?

Yes No

Q2. Does the patient have a history of therapeutic failure or contraindication or intolerance to the preferred hypoglycemics, insulin and related agents with the same duration of action or that would not be expected to occur with the requested medication?

Yes No

Q3. Is this a request for a non-preferred Hypoglycemic, Insulin and Related Agent that contains a GLP-1 receptor agonist?

Yes No

Q4. Is there a clinical reason why a preferred basal insulin and a preferred GLP-1 receptor agonist cannot be used?

Yes No

Q5. Does the patient have a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hypoglycemics - Insulin and Related Agents that contain a GLP-1 receptor agonist?

Yes No

Q6. Is this a request for Afrezza?

Yes No

Q7. Is the requested drug being prescribed by or in consultation with an endocrinologist?

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. The authorized recipient of this information is prohibited from disclosing this information to any other party.



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Hypoglycemics - Insulins and Related Agents

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, Prescriber Name, and questions Q8, Q9, Q10, and Q11 regarding contraindications, age-appropriateness, duplication, and additional information.

Prescriber Signature

Date

Updated for 2023