



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Hypoglycemics - SGLT-2 Inhibitors

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, Strength, Refills. Includes note: 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 non-preferred Hypoglycemic - SGLT2 Inhibitor?

Yes No

Q2. Does the patient have a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hypoglycemics - SGLT2 Inhibitors approved or medically accepted for the beneficiary's diagnosis?

Yes No

Q3. Is this a request for a Hypoglycemic, SGLT2 Inhibitor when there is a paid claim for another Hypoglycemic - SGLT2 Inhibitor?

Yes No

Q4. Is the patient being transitioned to or from another Hypoglycemic - SGLT2 Inhibitor with the intent of discontinuing one of the medications?

Yes No

Q5. Has the prescriber provided a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?

Yes No

Q6. Additional Information:



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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

Updated for 2023