Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Imcivree - Non-PDL

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.

Member Name:	Prescriber Name:	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	

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 request for renewal? If yes, go to 7.

☐ Yes ☐ No

Q2. Is the patient at least 2 years of age or older?

☐ Yes ☐ No

Q3. Does the patient meet ONE of the following: a. Have a clinical diagnosis of Bardet-Biedl syndrome (BBS) ; b. Have genetic testing that demonstrates homozygous or compound heterozygous mutations in one of the following genes: POMC, PCSK1, or LEPR and the genetic variant is interpret as pathogenic, likely pathogenic, or of uncertain significance?

☐ Yes ☐ No

Q4. Does the patient meet one of the following criteria (a, b, or c): a. Individual is = 18 years of age: BMI = 30 kg/m2; b. Individual is 6 to 17 years of age and has POMC, PSCK1, or LEPR deficiencies: BMI = 95th percentile for age and sex; c. Individual is 6 to 17 years of age and has BBS: BMI = 97th percentile for age and sex?

☐ Yes ☐ No

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Member Name:	Prescriber Name:

Q5. Does the patient have documentation of counseling regarding lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity)?

☐ Yes ☐ No

Q6. Is Imcivree prescribed by or in consultation with an endocrinologist, a geneticist, or a physician who specializes in metabolic disorders?

☐ Yes ☐ No

Q7. FOR RENEWAL: Does the patient meet one of the following criteria (a, b, or c): a. Patient has lost ≥ 5% of baseline body weight since initiating Imcivree therapy; b. Patient meets both of the following (1 and 2); i. Patient has continued growth potential; ii. Patient has lost ≥ 5% of baseline BMI since initiating Imcivree therapy; c. Patient is receiving clinical benefit based on the prescriber's assessment?

☐ Yes ☐ No

Q8. Is the medication well tolerated without major side effects?

☐ Yes ☐ No

Q9. Additional Information:

Prescriber Signature

Date

v2025