



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Rezdiffra - 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: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>		

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 renewal? If YES, go to question 2. If NO, go to question 4

Yes No

Q2. Is the patient prescribed a dose and duration of therapy consistent with the FDA approved package labeling?

Yes No

Q3. Will the patient follow a reduced-calorie diet and increased physical activity plan?

Yes No

Q4. For a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), does the patient have any of the following?

- Hepatic decompensation or a Model for End-Stage Liver Disease (MELD) score of more than 12 points at screening
- Significant alcohol consumption (> 20 grams of alcohol per day for women and > 30 grams for men)
- An aspartate aminotransferase (AST) or alanine aminotransferase (ALT) level of more than 5 times the upper limit of the normal range at screening
- An estimated glomerular filtration rate (eGFR) of less than 30ml/min/1.73 m²



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Prescriber Name:

Q11. Is there a diagnosis of noncirrhotic nonalcoholic steatohepatitis (NASH) confirmed by liver biopsy or imaging confirming steatosis with results attached? (Imaging studies can include ultrasound, Fibroscan CAP, or MRI-PDFF).

 Yes

 No

Q12. For a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), does the patient have any of the following?

- Hepatic decompensation or a Model for End-Stage Liver Disease (MELD) score of more than 12 points at screening
- Significant alcohol consumption (> 20 grams of alcohol per day for women and > 30 grams for men)
- An aspartate aminotransferase (AST) or alanine aminotransferase (ALT) level of more than 5 times the upper limit of the normal range at screening
- An estimated glomerular filtration rate (eGFR) of less than 30ml/min/1.73 m²
- Presence or history of hepatocellular carcinoma (HCC)
- History of acute pancreatitis
- Chronic liver diseases other than metabolic dysfunction-associated steatotic liver disease (MASLD) (e.g., primary biliary cholangitis, primary sclerosing cholangitis, Hepatitis B positive, Active Hepatitis C, etc.)

Q13. Does the patient have moderate to advanced liver fibrosis (stages F2 or F3) confirmed by liver biopsy performed within the last 6 months?

 Yes

 No

Q14. Does the patient have moderate to advanced liver fibrosis(stage F2 or F3)confirmed by ONE of the following tests performed within the last 6 months: i. Liver biopsy; ii.One of the following non-invasive tests: a. Transient elastography (e.g., Fibroscan) ; b. Shear wave elastography (SWE) ; c. Magnetic resonance elastography (MRE)

 Yes

 No

Q15. Is the patient prescribed a dose and duration of therapy consistent with the FDA approved package labeling?

 Yes

 No



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Q16. Will the patient follow a reduced-calorie diet and increased physical activity plan?

Yes No

Q17. Is there documentation of counseling the patient on dietary and lifestyle modifications?

Yes No

Q18. Additional Information:

Yes No

Prescriber Signature

Date

v2026