

## HEALTH PARTNERS PLANS PRIOR AUTHORIZATION REQUEST FORM

## 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.

PLEASE NOTE. Any information (patient, presc	riber, urug, iabs	) left blaffk, filegible, of fil	ot attached WILL DELAT the review process.	
Patient Name:		Prescriber Name:		
HPP Member Number:		Fax:	Phone:	
Date of Birth:		Office Contact:		
Patient 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:		- Normo:		
Diagnosis Code:	Diagnosis:			
HPP's maximum approval time is 12 months but may be less depending on the drug.				
TIFF'S maximum approvar lime 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	☐ 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 thera Hypoglycemics - Insulin and Related Agents				
Yes		☐ No		
Q6. Is this a request for Afrezza?				
Yes		☐ No		
Q7. Is the requested drug being prescribed	by or in consu	ultation with an endocr	rinologist?	

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. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document



## HEALTH PARTNERS PLANS PRIOR AUTHORIZATION REQUEST FORM

## 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.

Patient Name:	Prescriber Name:		
☐ Yes	□ No		
Q8. Does the patient have any contraindications to Afrezza?			
☐ Yes	☐ No		
Q9. Is the patient age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?			
☐ Yes	□ No		
Q10. Is this a duplication of a hypoglycemic, insulin or related agent where the patient is being transitioned to another drug or has a medical reason supported by peer-reviewed literature or national treatment guidelines to continue both drugs?			
☐ Yes	□ No		
Q11. Additional Information:			
Prescriber Signature	 Date		

Updated for 2023