Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

HUMULIN® R U-500 VIAL

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:**	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Address:	NPI:	Promise ID:
City, State ZIP:	*Prescriber PA PROMISe ID:*	
Patient Primary Phone:	Address:	
Line of Business: □ Medicaid □ CHIP	City, State ZIP:	
	Specialty/facility name (if applicable):	

□ Expedited/Urgent

Drug Name:
Strength:
Days Supply:
Number of Refills:
Directions / SIG:

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. Does the patient have a diagnosis of type 1 or type 2 diabetes mellitus?

☐ Yes ☐ No

Q2. Does the request include documentation of the patient's complete insulin regimen, including doses per day, units per dose, and total units per day?

☐ Yes ☐ No

Q3. Does the patient require a total dose of at least 200 units of insulin per day?

☐ Yes ☐ No

Q4. Has the prescriber provided clinical rationale supporting the use of Humulin® R U-500 vial over the Humulin® R U-500 Kwikpen?

☐ Yes ☐ No

Q5. Has the patient been counseled on the appropriate dosing of Humulin® R U-500 insulin, including the differences between it and Humulin® R U-100 insulin, the observation of appropriate syringe unit markings when drawing a dose, and/or instruction to use the U-500-specific insulin syringe?

☐ Yes ☐ No

Q6. Requested Duration:

☐ 6 Months

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Patient Name:	**Prescriber Name:**

Q7. Additional Information:

Prescriber Signature

Date

Updated 2018