Health Partners Plans
PRIOR AUTHORIZATION REQUEST FORM

Antihypertensives - Sympatholytic

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.

<table>
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<th>Question</th>
<th>Answer</th>
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| Q1. Does the patient have a documented history of therapeutic failure, a contraindication to, or intolerance of the preferred products (e.g., clonidine tablet, clonidine transdermal patch, guanfacine tablet, methyldopa tablet)? | Yes
| Q2. Additional Information: | |

HPP’s maximum approval time is 12 months but may be less depending on the drug.

Updated for 2020