HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Contraceptives

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>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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**Q2. Additional Information:**

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**Prescriber Signature**

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**Date**

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*Updated for 2020*