



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

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.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, etc.

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. Is this a request for an insulin and glucagon-like peptide-1 (GLP-1) receptor agonist combination (e.g., Soliqua, Xultophy)? [If no, then skip to question 10.]

Yes No

Q2. Will the patient be using the requested drug in combination with any other product containing a glucagon-like peptide-1 (GLP-1) receptor agonist?

Yes No

Q3. Is this a request for a renewal of authorization?

Yes No

Q4. Does the patient have improved glycemic control, as evidenced by a recent hemoglobin A1c (HbA1c) value?

Yes No

Q5. Does the patient have the diagnosis of type 2 diabetes mellitus?

Yes No

Q6. Does the patient have a documented history of a failure to achieve glycemic control using maximum tolerated doses of metformin, as evidenced by the patient's hemoglobin A1c (HbA1c) values?

Yes No

Q7. Does the patient have a documented history of a contraindication to or intolerance of metformin?



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Patient Name: Prescriber Name:

Form containing 15 questions (Q8-Q17) with Yes/No checkboxes regarding glycemic control, Afrezza use, and lung function.

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<p>Q18. Did the patient experience any bronchospasm, wheezing, or other respiratory difficulties after using Afrezza?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q19. Does the patient have active lung cancer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q20. Is the patient 18 years of age or older?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q21. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of short- and rapid-acting injectable insulin and related agents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q22. Has the patient been evaluated for lung function, including a documented detailed medical history, physical examination, and spirometry testing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q23. Does the patient have active lung cancer OR a history of lung cancer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q24. Will the patient be assessed for lung function using spirometry testing six (6) months after initiating Afrezza AND annually thereafter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q25. Does the patient have a documented baseline hemoglobin A1c (HbA1c)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q26. Does the patient have a diagnosis of type 1 diabetes mellitus?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q27. Will the patient be using Afrezza in conjunction with a long-acting insulin? [If yes, then skip to question 32.]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q28. Does the patient have a diagnosis of type 2 diabetes mellitus?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q29. Does the patient have a documented history of a failure to achieve glycemic control using maximum tolerated doses of metformin in combination with maximum tolerated doses of the second line agents used to treat type 2 diabetes in accordance with the most recent American Diabetes Association (ADA) guidelines, as evidenced by the</p>

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patient's hemoglobin A1c (HbA1c) values?
Yes No

Q30. Does the patient have a documented history of a contraindication to or intolerance of metformin and the second line agents used to treat type 2 diabetes, in accordance with the most recent American Diabetes Association (ADA) guidelines?
Yes No

Q31. Does the patient have a diagnosis of type 1 or type 2 diabetes mellitus?
Yes No

Q32. Does the patient have a documented history of a contraindication to or intolerance of the preferred insulin drugs (e.g., Apidra, Humalog Mix 50-50, Humalog Mix 75-25, Humulin 70/30, Humulin R 500 units/mL, insulin lispro, Lantus, Levemir, Novolog, Novolog Mix 70-30) that would not be expected to occur with the requested drug?
Yes No

Q33. Additional Information:

Prescriber Signature

Date

Updated for 2020