



Health Partners Plans

**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Hypoglycemics - Incretin Mimetics/Enhancer

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:	
Patient Primary Phone:	NPI:	PA PROMSe ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>		

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 non-preferred Hypoglycemic - Incretin Mimetic/Enhancer?

Yes No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred incretin mimetic/enhancer drugs with the same mechanism of action as the requested drug?

Yes No

Q3. Is this a request for an incretin mimetic/enhancer when there is a paid claim for another incretin mimetic/enhancer (i.e., potential therapeutic duplication)?

Yes No

Q4. Is the patient being transitioned to or from another incretin mimetic/enhancer with the intent of discontinuing one of the medications?

Yes No

Q5. Has the prescriber provided a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?

Yes No

Q6. Additional Information:



Health Partners Plans

**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Hypoglycemics - Incretin Mimetics/Enhancer

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:
---------------	------------------

Prescriber Signature

Date

Updated for 2023