



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Benign Prostatic Hyperplasia (BPH) Treatments

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.

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 a phosphodiesterase-5 (PDE5) inhibitor (e.g., tadalafil)?

Yes checkbox

No checkbox

Q2. Does the patient have a diagnosis of benign prostatic hyperplasia (BPH)?

Yes checkbox

No checkbox

Q3. Is this a request for an alpha blocker when there is a recent paid claim for another alpha blocker OR a request for a 5-alpha reductase inhibitor when there is a recent paid claim for another 5-alpha reductase inhibitor (i.e., potential therapeutic duplication)?

Yes checkbox

No checkbox

Q4. Is the patient being titrated to or tapered from another drug with the same mechanism of action?

Yes checkbox

No checkbox

Q5. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

Yes checkbox

No checkbox

Q6. Is this a request for a preferred benign prostatic hyperplasia (BPH) agent?

Yes checkbox

No checkbox

Q7. Does the patient have a history of therapeutic failure, contraindication to, or intolerance of the preferred benign prostatic hyperplasia (BPH) agents?



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| | |
|---------------|------------------|
| Patient Name: | Prescriber Name: |
|---------------|------------------|

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

| |
|-----------------------------|
| Q8. Additional Information: |
|-----------------------------|

Prescriber Signature

Date

Updated for 2023