

**Contraceptives - Oral**
**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.**

Member Name:		Prescriber Name:	
HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Primary Phone:	NPI:	PA PROMISe 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. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred oral contraceptives (e.g., Altavera, Alyacen, Amethyst, Apri, Aranelle, Aubra, Aubra EQ, Aviane, Azurette, Balziva, Bekyree, Blisovi Fe, Briellyn, Camila, Camrese, Caziant, Chateal, Chateal EQ, Cryselle, Cyclofem, Cyred, Cyred EQ, Dasetta, Deblitane, desogestrel-ethinyl estradiol, drospirenone-ethinyl estradiol, Elinest, Emoquette, Enpresse, Enskyce, Errin, Estarylla, Falmina, Femynor, Gianvi, Heather, Incassia, Introvale, Isibloom, Jencycla, Jolessa, Jolivette, Juleber, Junel, Junel Fe, Kariva, Kelnor 1-35, Kurvelo, Larin, Larin 21, Larin Fe, Larissia, Leena, Lessina, Levonest, levonorgestrel-ethinyl estradiol, levonorgestrel-ethinyl estradiol triphasic, Levora, Lillow, LowOgestrel, Lutera, Lyza, Marlissa, Microgestin 21, Microgestin Fe, Mili, Mono-Linyah, Mononessa, Myzilra, Necon, Nikki, Nora-Be, norethindrone-ethinyl estradiol Fe, norethindrone-ethinyl estradiol, norethindrone, norgestimate-ethinyl estradiol, Norlyda, Ocella, Orsythia, Ortho Micronor, Philith, Pimtrea, Pirmella, Portia, Previfem, Quasense, Reclipsen, Setlakin, Sharobel, Sprintec, Sronyx, Tarina Fe, Tri Femynor, Tri-Linyah, Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-LoSprintec, Tri-Mili, Trinessa, Trinessa Lo, Tri-Previfem, Tri-Sprintec, Trivora, Tri-Vylibra, Tri-Vylibra Lo, Tulana, Velivet, Vienva, Viorele, Vyfemla, Vylibra, Wera, Zarah, Zovia 1-35)?



**HEALTH PARTNERS PLANS**  
**PRIOR AUTHORIZATION REQUEST FORM**

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Member Name:	Prescriber Name:
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q2. Additional Information:
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\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

v2025