

## HEALTH PARTNERS PLANS PRIOR AUTHORIZATION REQUEST FORM

## Hypoglycemics - SGLT-2 Inhibitors

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.

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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: ☐ Medicaid ☐ CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code: Diagnosis:		
HPP's maximum approval time is 12 months but may be less depending on the drug.		
THE 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 non-preferred Hypoglycemic - SGLT2 Inhibitor?		
☐ Yes	□ No	
Q2. Does the patient have a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hypoglycemics - SGLT2 Inhibitors approved or medically accepted for the beneficiary's diagnosis?		
☐ Yes	□ No	
Q3. Is this a request for a Hypoglycemic, SGLT2 Inhibitor when there is a paid claim for another Hypoglycemic - SGLT2 Inhibitor?		
□Yes	□No	
Q4. Is the patient being transitioned to or from another Hypoglycemic - SGLT2 Inhibitor 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?		

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Member Name:	Prescriber Name:
☐ Yes	□ No
Q6. Additional Information:	
Prescriber Signature	

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