Health Partners
A part of Jefferson Health Plans

HEALTH PARTNERS PLANS
2024 PRIOR AUTHORIZATION REQUEST FORM

Continuous Glucose Monitors (CGMs)

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 HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Patient 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.

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 an established diagnosis of Diabetes Type 1 or Type 2?

☐ Yes ☐ No

Q2. Is the patient being treated with at least 3 daily injections of insulin or using a continuous subcutaneous insulin infusion (CSII) pump?

☐ Yes ☐ No

Q3. Does the patient's insulin treatment regimen require frequent adjustments based on SBGM (self-blood glucose monitoring) or CGM testing results?

☐ Yes ☐ No

Q4. Additional Information:

_____ _____

Prescriber Signature Date

Updated for 2024