HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

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.

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.		

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 ☐ No

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

☐ Yes ☐ No

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 ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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Member Name:	Prescriber Name:

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Q8. Additional Information:

Prescriber Signature

Date

v2025