

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: <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. The request is for non-preferred BPH Treatment and the member has a history of therapeutic failure of or a contraindication or an intolerance to the preferred BPH

Yes No

Q2. For a phosphodiesterase type 5 inhibitor (e.g., tadalafil), both of the following:

Has a diagnosis of BPH Is prescribed a dose that is consistent with U.S. Food and Drug Administration-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature.

Q3. Additional Information:

Prescriber Signature

Date