HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Orenitram (Treprostinil)

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 Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Address:	NPI: Promise ID:
City, State ZIP:	*Prescriber PA PROMISe ID:*
Patient Primary Phone:	Address:
Line of Business: □ Medicaid □ CHIP	City, State ZIP:
	Specialty/facility name (if applicable):

□ Expedited/Urgent

Drug Name:
Strength:
Days Supply:
Number of Refills:
Directions / SIG:

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 the prescribing physician a Cardiologist or Pulmonologist?

☐ Yes ☐ No

Q2. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q3. Does the patient have the diagnosis of World Health Organization (WHO) Group 1 PAH?

☐ Yes ☐ No

Q4. Does the patient have any other contraindication to Orenitram® such as severe hepatic impairment (Child Pugh Class C)?

☐ Yes ☐ No

Q5. Has the diagnosis of PAH been confirmed by a complete right heart catheterization (RHC) (please attach RHC report)? PAH defined as:A.A mean pulmonary artery pressure (mPAP) greater than 25 mm Hg;B. A pulmonary capillary wedge Pressure/ left atrial pressure/left ventricular end-diastolic; pressure (PCWP/LAP/LVEDP) less than or equal to 15 mm Hg C.A pulmonary vascular resistance (PVR) greater than 3 Wood units.

☐ Yes ☐ No

Q6. What is the patient's NYHA Functional Class? Please select from the following :

☐ I.No limitation/ordinary physical activity does not cause symptoms

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Orenitram (Treprostinil)

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:**

☐ II.Slight limitation/comfortable at rest, ordinary physical activity causes symptoms
☐ III.Marked limitation/ comfortable at rest, less than ordinary activity causes symptoms
☐ IV.Inability to carry on any physical activity/symptoms present at rest

Q7. Requested Duration:

☐ 6 months

Q8. Additional Information:

____________________ ____________________

Prescriber Signature Date

Updated 2018

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document