



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Orenitram (Treprostinil) Renewal

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: <input type="checkbox"/> Medicaid	City, State ZIP: _____
<input type="checkbox"/> CHIP	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. Has the patient tolerated the medication without any significant side effects?

Yes

No

Q2. Is the patient compliant with therapy?

Yes

No

Q3. Has the patient met his/her treatment goals? Please refer to the following: A.Symptom improvement; B.Lowering PAP (pulmonary artery pressure); C.Reverse/prevent progression

Yes

No

Q4. Requested Duration:

6 months

Q5. Additional Information:

Prescriber Signature

Date

Updated 2018

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