



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Ambrisentan

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.

Form with fields for Patient Name, HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid, CHIP), Prescriber Name, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name (if applicable), Promise ID, and Prescriber PA PROMISe ID.

Expedited/Urgent checkbox

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?
Q2. Is the patient 18 years of age or older?
Q3. Is the patient female?
Q4. If female, is the patient enrolled in the Letairis REMS program?
Q5. If female, is she pregnant?
Q6. If female, is she able to get pregnant?
Q7. Will the patient (female) use reliable forms of contraception?

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Form with fields for Patient Name, Prescriber Name, and questions Q8-Q15 regarding pregnancy tests, contraindications, PAH diagnosis, NYHA Functional Class, hemoglobin monitoring, and requested duration.

Prescriber Signature

Date

Updated 2018