



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Bosentan

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, Phone, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, 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 checkbox

No checkbox

Q2. Is the patient 3 years of age or older?

Yes checkbox

No checkbox

Q3. Has the patient enrolled in the Tracleer REMS Program?

Yes checkbox

No checkbox

Q4. Is the patient female or male?

Female checkbox

Male checkbox

Q5. If female, is she pregnant or planning to become pregnant?

Yes checkbox

No checkbox

Q6. Will the patient (female) use reliable forms of contraception?

Yes checkbox

No checkbox

Q7. Will the patient (female) have monthly pregnancy tests during therapy?

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Form with fields for Patient Name, Prescriber Name, and questions Q8-Q17 regarding contraindications, diagnosis, functional class, and monitoring.

Prescriber Signature

Date

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Prescriber Name:

Updated 2018