



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Revatio (Sildenafil)

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, 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 member 18 years of age or older?

Yes checkbox

No checkbox

Q3. Does the patient have one of the following contraindications and concomitant medications? A. Use with organic nitrates; B. Use with riociguat

Yes checkbox

No checkbox

Q4. Does the member have the diagnosis of World Health Organization (WHO) Group 1 PAH?

Yes checkbox

No checkbox

Q5. Has the diagnosis of PAH been confirmed by a complete right heart catheterization (RHC)? 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. Please attach labs.

Yes checkbox

No checkbox

Q6. What is the member's NYHA Functional Class?

No limitation/ordinary physical activity does not cause symptoms (Class I) checkbox

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**Patient Name:**

**Prescriber Name:**

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

Q7. Requested duration:

12 months

Other: \_\_\_\_\_

Q8. Additional Information:

Prescriber Signature

Date

*Updated 2018*