



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Pulmonary Hypertension Agents - Oral & Inhaled

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: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, etc.

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 this a request for renewal of therapy (i.e., The requested drug has been previously approved by prior authorization)? [If YES, skip to question 26.]

Yes No

Q2. Is the request for Adcirca, Alyq, Revatio, sildenafil or tadalafil (phosphodiesterase type 5 inhibitors)?

Yes No

Q3. Does the member have a diagnosis of pulmonary arterial hypertension (PAH)?

Yes No

Q4. Is the prescribed agent being requested for the treatment of a diagnosis that is indicated in the United States Food and Drug Administration (FDA)-approved package labeling or a medically accepted indication?

Yes No

Q5. Does the member have a diagnosis of pulmonary arterial hypertension (PAH)?

Yes No

Q6. Is the requested drug appropriate for the member's level of risk based on current risk calculator assessment (e.g., REVEAL 2.0) and current medical literature?

Yes No

Q7. Is the prescribed dose consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia or peer-reviewed medical literature?



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Form with fields for Patient Name, Prescriber Name, and questions Q8 through Q17 regarding patient eligibility and medical history for pulmonary hypertension treatment.

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Patient Name: Prescriber Name:

Q18. Has the member undergone acute vasoreactivity testing?
Q19. Does the member have a contraindication to vasoreactivity testing or increased risk of adverse events during acute vasoreactivity testing...
Q20. Do the results of the testing demonstrate acute vasoreactivity?
Q21. Has the member had therapeutic failure with or a contraindication or intolerance to calcium channel blockers...
Q22. Does the member have both of the following hemodynamic values from right heart catheterization...
Q23. Does the member have one of the following...
Q24. Is the request for a non-preferred pulmonary arterial hypertension (PAH) agent, oral and inhaled?
Q25. Does the member have a history of therapeutic failure, contraindication or intolerance to the preferred pulmonary arterial hypertension (PAH) agents...
Q26. Does the member have a current history (within the past 90 days) of being prescribed the same non-preferred pulmonary arterial hypertension (PAH) agent, oral and inhaled?



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Patient Name: Prescriber Name:

Q27. Based on the prescriber's assessment, is there documentation of tolerability and a continued benefit from the requested drug?
Q28. Is the prescribed dose consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia or peer-reviewed medical literature?
Q29. Is the member at least 18 years old?
Q30. Is the member able to access a Pulmonary Hypertension Association-accredited center?
Q31. Is the requested drug prescribed by or in consultation with a practitioner at a Pulmonary Hypertension Association-accredited center?
Q32. Is the requested drug prescribed by or in consultation with an appropriate specialist (e.g., pulmonologist, cardiologist or rheumatologist)?
Q33. Is the requested drug prescribed by or in consultation with a pediatric pulmonologist, pediatric cardiologist or heart and lung transplant specialist?
Q34. Does the member have a history of contraindication to the prescribed drug?
Q35. Additional Information:

Prescriber Signature

Date

Updated for 2022

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