



HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Uptravi - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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 two columns: Patient Name and Prescriber Name. Fields include Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Office Contact, NPI, State Lic ID, Address, City, State ZIP, and Specialty/facility name.

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:
Strength:
Directions / SIG:

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 Uptravi being prescribed by or in consultation with a cardiologist or pulmonologist?
Yes No

Q2. Is the patient 18 years of age or older?
Yes No

Q3. Does the patient have a diagnosis of World Health Organization (WHO) group 1 pulmonary arterial hypertension (PAH)?
Yes No

Q4. Has the diagnosis of pulmonary arterial hypertension (PAH) been confirmed by a complete right heart catheterization (RHC)?
PAH is defined as:
A) mean pulmonary arterial pressure (mPAP) greater than 20 mmHg
B) A pulmonary capillary wedge pressure/ left ventricular end-diastolic pressure (PCWP/LVEDP) less than or equal to 15 mmHg
C) A pulmonary vascular resistance (PVR) greater than 3 Wood units
Yes No

Q5. Does the patient have a World Health Organization (WHO) functional class of:
II (Slight limitation of physical activity but comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope), or
III (Marked limitation of physical activity and comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope)?



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Patient Name:

Prescriber Name:

Yes checkbox

No checkbox

Q6. Has the patient tried two therapies for pulmonary arterial hypertension (PAH) (or is currently receiving them) from two of the following categories (either alone or in combination:

A) endothelin receptor antagonists (bosentan, ambrisentan, macitentan)

B) phosphodiesterase-5 inhibitors (Revatio, Adcirca), or

C) guanylate cyclase stimulators (Adempas)?

Yes checkbox

No checkbox

Q7. Is there a treatment plan?

Yes checkbox

No checkbox

Q8. Does the patient have hepatic impairment (Child Pugh class B or greater)?

Yes checkbox

No checkbox

Q9. Additional Information:

Q10. Duration:

12 months checkbox

Prescriber Signature

Date

2021 Medicare Prior Authorization Request