



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Adempas - Medicare

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 Adempas being prescribed by a cardiologist or pulmonologist?

Yes No

Q2. Is the patient 18 years of age or older?

Yes No

Q3. Is the patient female and is of reproductive potential?

Yes No

Q4. Did the patient have a negative pregnancy test and enroll in the manufacturer's risk evaluation and mitigation strategy (REMS) program prior to initiating Adempas? If yes, include confirmation of a negative pregnancy test prior to start of therapy and enrollment in the manufacturer's REMS program.

Yes No

Q5. Does the member have the diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH)?

Yes No

Q6. Has the diagnosis of PAH been confirmed by a complete right catheterization (RHC) (please attach RHC report)? PAH is defined as: I. A mean pulmonary arterial pressure (mPAP) greater than 20 mmHg; II. A pulmonary capillary wedge pressure left ventricular end-diastolic pressure (PCWP/ LVEDP) less than or equal to 15 mmHg; III. A pulmonary vascular resistance (PVR) greater than 3 Wood units

Yes No



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Patient Name: Prescriber Name:

Q7. Does the patient have WHO functional class II (Slight limitation of physical activity but comfortable at rest. Ordinary physical activity causes undue dyspnea of 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)?

Yes No

Q8. Does the member have the diagnosis of World Health Organization (WHO) Group 4 PAH?

Yes No

Q9. Is there documentation confirming the diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH) and verifying patient has recurrent or persisting pulmonary hypertension following pulmonary thromboendarterectomy or inoperable CTEPH?

Yes No

Q10. Will Adempas be used with nitrates, nitric oxide donors, or phosphodiesterase inhibitors?

Yes No

Q11. Is there a treatment plan?

Yes No

Q12. Requested Duration:

12 months Other:

Prescriber Signature

Date

Updated for 2023