

## PULMONARY ARTERIAL HYPERTENSION AGENTS

### Prior Authorization

Adcirca, Revatio, Letairis, Tracleer, Flolan, Remodulin, Tyvaso, Veletri, Ventavis  
**\*\*LETAIRIS IS THE PREFERRED ENDOTHELIN RECEPTOR ANTAGONIST FOR THE HEALTH PLAN\*\***

- Standard Request  
 Expedited Request

If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

**For state exchanges only:** The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

### Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

### Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>		
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

### Billing Information

<input type="checkbox"/> Billed by <b>PHARMACY</b> dispensed to the member or provider for administration.	<input type="checkbox"/> Billed under <b>MEDICAL</b> benefit by provider. J CODE: _____ ICD-10 Code: _____	Place of Administration: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Patient Home
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### Clinical Information

Diagnosis:	Date Diagnosed:
Is the provider a member of the Pulmonary Hypertension Association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach <b>chart documentation</b> of right heart catheterization confirming diagnosis of pulmonary arterial hypertension. The following hemodynamic values must be included: <input type="checkbox"/> Mean pulmonary arterial pressure (mPAP) <input type="checkbox"/> Pulmonary capillary wedge pressure (PCWP) OR left atrial pressure OR left ventricular end-diastolic pressure (LVEDP) <input type="checkbox"/> Pulmonary vascular resistance (PVR) OR Cardiac Output <input type="checkbox"/> Documentation not available	

