

PULMONARY ARTERIAL HYPERTENSION AGENTS

Prior Authorization

Adcirca, Letairis, Remodulin, sildenafil, Tracleer, Tyvaso, Ventavis

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- Standard Request (72 hours)
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- Expedited Request (24 hours)

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

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

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

-
- New medication
-
-
- 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 PHARMACY dispensed to the member <i>or</i> provider for administration.	<input type="checkbox"/> Billed under MEDICAL 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:
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 Please attach **chart documentation** of right heart catheterization confirming diagnosis of pulmonary arterial hypertension. The following hemodynamic values must be included:

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- Mean pulmonary arterial pressure (mPAP)
- \geq
- 25 mmHg
-
-
- Pulmonary capillary wedge pressure (PCWP) OR left atrial pressure OR left ventricular end-diastolic pressure (LVEDP)
- \leq
- 15 mmHg
-
-
- Pulmonary vascular resistance (PVR)
- $>$
- 3 Wood units
-
-
- Documentation not available

Please specify WHO Etiologic Classification of Pulmonary Hypertension:

-
- Group 1
-
- Group 2
-
- Group 3
-
- Group 4
-
- Group 5

Please indicate WHO functional class symptoms: Class I Class II Class III Class IV

Will the requested medication be used as monotherapy or combination therapy? Monotherapy
 Combination (Medication Name, Strength, Frequency): _____

<input type="checkbox"/> Sildenafil <input type="checkbox"/> Adcirca	Is the member currently taking a nitrate product? <input type="checkbox"/> Yes <input type="checkbox"/> No For Adcirca requests, has the patient tried and failed sildenafil (Revatio)? <input type="checkbox"/> Yes <input type="checkbox"/> No *For sildenafil suspension requests, please include rationale of why sildenafil tablet cannot be utilized.	
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<input type="checkbox"/> Letairis	If the member is a woman of childbearing potential, has she had a baseline negative pregnancy test prior to initiation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
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<input type="checkbox"/> Tracleer	Has the member previously tried Letairis? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide dates of therapy: _____ Please provide reason for discontinuation: _____ Is the member currently taking glyburide or cyclosporine? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the member had baseline liver function tests prior to initiation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If the member is a woman of childbearing potential, has she had a baseline negative pregnancy test prior to initiation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
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Please provide any additional information which should be considered in the space below:
