

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



{{PANUMCODE}}

Adempas

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: {{MEMFIRST}} {{MEMLAST}} Date: {{TODAY}}
Patient's ID {{MEMBERID}} Patient's Date of Birth: {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, NPI#: _____
Physician Office Telephone: {{PHYSICIANPHONE}} Physician Office Fax: {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the diagnosis?
☐ Chronic thromboembolic pulmonary hypertension (CTEPH)
☐ Pulmonary arterial hypertension (PAH)
☐ Other _____
2. What is the ICD-10 code? _____
3. Is the request for continuation of therapy with the requested medication? ☐ Yes ☐ No *If No, skip to #6*
4. Is the patient currently receiving the requested medication through a paid pharmacy or medical benefit?
☐ Yes ☐ No ☐ Unknown *If No or Unknown, skip to diagnosis section*
5. Is the patient experiencing a benefit from therapy with the requested medication as evidenced by disease stability or disease improvement? ☐ Yes ☐ No *No further questions*
6. What is the World Health Organization (WHO) classification of pulmonary hypertension?
☐ WHO Group 1 (Pulmonary arterial hypertension)
☐ WHO Group 2 (Pulmonary hypertension owing to left heart disease)
☐ WHO Group 3 (Pulmonary hypertension owing to lung disease and/or hypoxia)
☐ WHO Group 4 (Chronic thromboembolic pulmonary hypertension)
☐ WHO Group 5 (Pulmonary hypertension with unclear multifactorial mechanisms)
7. Has PAH been confirmed by right heart catheterization? ☐ Yes ☐ No
8. What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg
9. What is the pretreatment pulmonary capillary wedge pressure? _____ mmHg
10. What is the pretreatment pulmonary vascular resistance? _____ Wood units

Complete the following section if the patient's diagnosis is chronic thromboembolic pulmonary hypertension

11. Does the patient have recurrent or persistent CTEPH after pulmonary endarterectomy?
If Yes, no further questions ☐ Yes ☐ No

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155

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12. Does the patient have inoperable CTEPH? ☐ Yes ☐ No

13. Has CTEPH been confirmed by pulmonary angiography, computed tomography (CT) angiography, or magnetic resonance imaging (MRI) angiography? ☐ Yes ☐ No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X

Prescriber or Authorized Signature

Date (mm/dd/yy)

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