

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: This request is: Medicare Part B
 Expedited request

Medicare Part D
Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Orenitram ER[®]

(treprostinil extended-release)

Member			
Last Name:		First Name:	
Primary Care Physic	ian:	-	
Requesting Provider	:	Prov. Phone:	Prov. Fax:
Provider Address:			
Provider NPI:			
Provider Signature:		Date:	
Product Informa	ation		
New request	Continuation request		
Drug product:	Orenitram ER 0.125 mg tablet	Start date (or date of next dose):	
	Orenitram ER 0.25 mg tablet	Date of last dose (if applicable):	
	Orenitram ER 1 mg tablet	Dosing frequency:	
	Orenitram ER 2.5 mg tablet		
	Orenitram ER 5 mg tablet		

Drug cost information

The wholesale acquisition cost for is \$5.85 for every 0.125 mg of drug. The annual cost of treatment with this drug is will vary depending on the dosing, but may exceed \$150,000.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

- 1. Must be have diagnosis of pulmonary arterial hypertension (World Health Organization Group 1) or be used for a medically accepted indication* not otherwise excluded from Part D coverage
- 2. Must first try sildenafil (generic Revatio)

Medically accepted indication*

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*.

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- *or* supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

Pulmonary arterial hypertension

Other – the patient's condition is:

B. What World Health Organization (WHO) group category does this patient's clinical classification belong to?

	Group	1
	Group	2
\square	Group	3

Group 4

C. What other drug treatments has the patient used for pulmonary arterial hypertension?

Drug name:	
Drug name:	
Drug name:	

D. Did the patient try sildenafil (generic Revatio)?

🗌 Yes 🗌 No

Additional information

Note: Coverage is provided for 1 year per approval.

WHO Group	Clinical classification	Etiology
1	Pulmonary arterial hypertension	 Idiopathic, familial, congenital heart abnormalities Connective tissue disorder Portal hypertension HIV Anorexigen-induced PAH
2	Pulmonary hypertension associated with left-sided heart disease	
3	Pulmonary hypertension associated with lung diseases or hypoxemia	
4	Chronic thromboembolic pulmonary hypertension	
5	Pulmonary hypertension with miscellaneous etiology]

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes	🗌 No
If yes, you must provide a statement explaining the medical reason why the exception should be approve	əd.

Would Orenitram ER likely be the most effective option for this patient?

Yes, because:

If the patient is currently using Orenitram ER, would changing the patient's current regimen likely result in adverse effects for the patient?

No

Yes, because: