

## Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial Individual (Optimized)**

☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

# Uptravi<sup>®</sup> (selexipag)

### Member

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_

Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Product and Billing Information

☐ New request ☐ Continuation request

Drug product: ☐ Uptravi oral tablet

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Precertification Requirements

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

1. Diagnosis of pulmonary arterial hypertension to improve exercise capacity and delay clinical worsening
2. World Health Organization group 1 classification of pulmonary arterial hypertension

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

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**Priority Health Precertification Documentation**

**A. What condition is this drug being requested for?**

☐ Pulmonary arterial hypertension

☐ Other – the patient's condition is: \_\_\_\_\_

Rationale for use: \_\_\_\_\_

**B. What World Health Organization classification of pulmonary arterial hypertension does this patient have?**

☐ Group 1

☐ Group 2

☐ Group 3

☐ Group 4

☐ Group 5

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**Additional information**

The World Health Organization divides pulmonary hypertension into five groups based on the cause of the condition and its treatment options. Group 1 is called pulmonary **arterial** hypertension and groups 2-5 are called pulmonary hypertension. Below is a description of the World Health Organization classifications.

**Group 1 pulmonary arterial hypertension includes:**

- No known cause
- Inherited
- Caused by drugs or toxins
- Connective tissues diseases
- HIV infection
- Liver disease
- Congenital heart disease
- Sickle cell disease
- Schistosomiasis
- Conditions that affect the veins and small blood vessels of the lungs

**Group 2 pulmonary hypertension includes:**

- Conditions that affect the left side of the heart (e.g. mitral valve disease, long-term high blood pressure)

**Group 3 pulmonary hypertension includes:**

- Lung diseases such: COPD or Interstitial lung disease

**Group 4 pulmonary hypertension includes:**

- Blood clots in the lungs
- Blood clotting disorders

**Group 5 pulmonary hypertension includes:**

- Various other conditions, including:
  - Blood disorders, such as polycythemia vera and essential thrombocythemia
  - Systemic disorders, such as sarcoidosis and vasculitis
  - Metabolic disorders, such as thyroid disease and glycogen storage disease
  - Other conditions, such as tumors that press on the pulmonary arteries and kidney disease