

# 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.

## Veletri<sup>®</sup> (epoprostenol)

### 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:  Veletri 0.5 mg powder for injection **Start date** (or date of next dose): \_\_\_\_\_

Veletri 1.5 mg powder for injection **Date of last dose** (if applicable): \_\_\_\_\_

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

Place of administration:  Physician's office

Outpatient infusion

Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Home infusion

Facility: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing:  Physician to buy and bill

Facility to buy and bill

Specialty Pharmacy

Pharmacy: \_\_\_\_\_ NPI: \_\_\_\_\_ Fax: \_\_\_\_\_

ICD-10 Diagnosis code(s): \_\_\_\_\_

### Precertification Requirements

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.

**Priority Health Precertification Documentation**

**A. What is the patient’s diagnosis?**

- i.  Pulmonary arterial hypertension
- ii.  *Other* – 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

**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 listing of various conditions and how they are classified by the World Health Organization.

**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**

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

**Group 3 pulmonary hypertension**

- Lung diseases such: COPD or Interstitial lung disease

**Group 4 pulmonary hypertension**

- Blood clots in the lungs
- Blood clotting disorders

**Group 5 pulmonary hypertension**

- 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