

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

Ventavis[®] (iloprost)

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: Ventavis 10 mcg/mL solution

Ventavis 20 mcg/mL solution

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 requirements:

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?

Pulmonary arterial hypertension

Other – the patient's condition is: _____

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 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