

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

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

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

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: _____

Prior authorization criteria

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of World Health Organization group 1 classification of pulmonary arterial hypertension
2. Prescriber must submit the patient's systolic blood pressure

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, the DRUGDEX Information System, and the USPDI or its successor.)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- | | |
|--|--|
| <input type="checkbox"/> WHO Group 1 pulmonary arterial hypertension | <input type="checkbox"/> WHO Group 2 pulmonary hypertension |
| <input type="checkbox"/> WHO Group 3 pulmonary hypertension | <input type="checkbox"/> WHO Group 4 pulmonary hypertension |
| <input type="checkbox"/> WHO Group 5 pulmonary hypertension | <input type="checkbox"/> Other – the patient's condition is: _____ |

B. What is the patient's systolic blood pressure? _____

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

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 approved.

Would Ventavis likely be the most effective option for this patient?

Yes No

If yes, please explain why: _____

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

Yes No

If yes, please explain: _____
