



Remodulin

Prior Authorization Request

CVS Caremark administers the medical drug prior authorization program on behalf of Harvard Pilgrim Health Care. Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form to CVS Caremark, toll-free at 1-844-851-0882** to initiate the review process. If you have questions regarding the prior authorization please contact CVS Caremark at 1-844-387-1435.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: _____ Date: _____
Patient's ID: _____ Patient's Date of Birth: _____
Physician's Name: _____ NPI#: _____
Specialty: _____ HPHC Provider ID#: _____
Physician Office Telephone: _____ Physician Office Fax: _____

Rendering Provider Info: Same as Requesting Provider

Name: _____ NPI#: _____
Fax: _____ Phone: _____ HPHC Provider ID: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Inpatient Hospital Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Drug Information:

Strength/Measure _____ Units ml Gm mg ea Un

Directions(sig) _____ Route of administration _____

Dosing frequency _____

Criteria Questions:

1. What is the diagnosis?
 Pulmonary arterial hypertension (PAH) Other _____
2. What is the ICD-10 code? _____
3. What is the prescribing MD's specialty? Pulmonology Cardiology Other _____
4. Is the patient currently receiving Remodulin through health insurance? *Note: If the patient is receiving Remodulin through samples or a manufacturer's patient assistance program, please answer 'No'.* Yes No
ACTION REQUIRED: If Yes, please attach prior authorization approval (PA) letter. If No, skip to #6.
5. Is the patient continuing to benefit from Remodulin therapy? *If Yes, no further questions* Yes No

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-844-851-0882

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Remodulin SGM – 04/2018.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com

6. What is the World Health Organization (WHO) classification of pulmonary hypertension?
- WHO Group 1. Pulmonary Arterial Hypertension (PAH)**
A) Idiopathic (IPAH) B) Heritable PAH [Germline mutations in the bone morphogenetic protein receptor type 2 (BMPR2); Activin receptor-like kinase type 1 (ALK1), endoglin (with or without hereditary hemorrhagic telangiectasia), Smad 9, caveolin-1 (CAV1), potassium channel super family K member-3 (KCNK3); Unknown]
C) Drug- and toxin-induced D) Associated with: Connective tissue diseases; HIV infection; Portal hypertension; Congenital heart diseases; Schistosomiasis E) Pulmonary veno-occlusive disease (PVOD) and/or pulmonary capillary hemangiomatosis (PCH) F) Persistent pulmonary hypertension of the newborn (PPHN).
 - WHO Group 2. Pulmonary Hypertension Owing to Left Heart Disease**
A) Systolic dysfunction B) Diastolic dysfunction C) Valvular disease D) Congenital/acquired left heart inflow/outflow tract obstruction and congenital cardiomyopathies.
 - WHO Group 3. Pulmonary Hypertension Owing to Lung Disease and/or Hypoxia**
A) Chronic obstructive pulmonary disease B) Interstitial lung disease C) Other pulmonary diseases with mixed restrictive and obstructive pattern D) Sleep-disordered breathing E) Alveolar hypoventilation disorders F) Chronic exposure to high altitude G) Developmental abnormalities.
 - WHO Group 4. Chronic Thromboembolic Pulmonary Hypertension (CTEPH)**
 - WHO Group 5. Pulmonary Hypertension with Unclear Multifactorial Mechanisms**
A) Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders, splenectomy B) Systemic disorders: sarcoidosis, pulmonary Langerhans cell histiocytosis: lymphangioleiomyomatosis, neurofibromatosis, vasculitis C) Metabolic disorders: glycogen storage disease, Gaucher disease, thyroid disorders D) Others: tumoral obstruction, fibrosing mediastinitis, chronic renal failure on dialysis, segmental PH.
7. Prior to initiation of therapy, what New York Heart Association (NYHA) functional class symptoms did the patient experience?
- Class I:** Patients with pulmonary hypertension but without resulting limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain, or near syncope.
 - Class II:** Patients with pulmonary hypertension resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
 - Class III:** Patients with pulmonary hypertension resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope
 - Class IV:** Patients with pulmonary hypertension with inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnea and/or fatigue may be present even at rest. Discomfort is increased by any physical activity
8. Has the diagnosis been confirmed by right heart catheterization? **ACTION REQUIRED: Attach results of right heart catheterization.** Yes No *If No, skip to #12*
9. What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg
10. What is the pretreatment capillary wedge pressure? _____ mmHg
11. What is the pretreatment pulmonary vascular resistance? _____ Wood units *No further questions*
12. Is the patient an infant less than one year of age? Yes No
13. Does the patient have any of the following conditions? **Indicate below or mark "None of the above."**
- Post cardiac surgery Chronic lung disease associated with prematurity
 - Chronic heart disease Congenital diaphragmatic hernias
 - None of the above
14. Has Doppler echocardiogram been performed to diagnose PAH? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-844-851-0882

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Remodulin SGM – 04/2018.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com