

**Adcirca
Prior Authorization Request**

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the diagnosis?
 Pulmonary arterial hypertension (PAH)
 Other _____
2. What is the ICD-10 code? _____
3. Is the request for continuation of therapy with Adcirca? Yes No *If No, skip to #5*
4. Is the patient currently receiving Adcirca through samples or a manufacturer's patient assistance program?
 Yes No
ACTION REQUIRED: If No, please attach prior authorization approval (PA) letter and no further questions
5. 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.

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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: lymphangiomyomatosis, 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.

6. Has the diagnosis been confirmed by right heart catheterization? Yes No *If No, skip to #10*
7. What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg
8. What is the pretreatment capillary wedge pressure? _____ mmHg
9. What is the pretreatment pulmonary vascular resistance? _____ Wood units *No further questions*
10. Is the patient an infant less than one year of age? Yes No
11. Does the patient have any of the following conditions? ***Indicate below or mark "None of the above."***
- | | |
|--|---|
| <input type="checkbox"/> Post cardiac surgery | <input type="checkbox"/> Chronic lung disease associated with prematurity |
| <input type="checkbox"/> Chronic heart disease | <input type="checkbox"/> Congenital diaphragmatic hernias |
| <input type="checkbox"/> None of the above | |
12. 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)**