

**Letairis
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 Letairis? *If No, skip to #5* Yes No
4. Is the patient currently receiving Letairis through samples or a manufacturer's patient assistance program?
 - Yes No *If No, no further questions*
5. What is the World Health Organization (WHO) classification of pulmonary hypertension?
 - WHO Group 1 (Pulmonary Arterial Hypertension)
 - WHO Group 2 (Pulmonary Hypertension Owing to Left Heart Disease)
 - WHO Group 3 (Pulmonary Hypertension Owing to Lung Disease and/or Hypoxia)
 - WHO Group 4 (Chronic Thromboembolic Pulmonary Hypertension)
 - WHO Group 5 (Pulmonary Hypertension with Unclear Multifactorial Mechanisms)
6. Has PAH 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."***
 - Post cardiac surgery Chronic lung disease associated with prematurity
 - Chronic heart disease Congenital diaphragmatic hernias
 - None of the above

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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)