Pharmacy Prior Authorization

AETNA BETTER HEALTH ILLINOIS (MEDICAID)

PH Agents (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois at **1-855-684-5250**.
When conditions are met, we will authorize the coverage of PH Agents (Medicaid).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name

Please specify_____

Quantity _____ Frequency _____ Strength _____

Route of Administration _____ Expected Length of therapy _____

Patient Information

Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis:_____ ICD Code:_____

Please circle the appropriate answer for each question.

1. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

   [If no, skip to question 3.]

2. Do medical records and lab results support that the patient is responding to therapy to maintain or achieve a low risk profile (e.g., improvement in 6 min walk distance, functional class, or reducing time to clinical worsening)? Y N

   [No further questions.]

3. Is the requested drug being prescribed by or in consultation with a pulmonologist or cardiologist? Y N

[If no, then no further questions.]

4. Does the patient have a diagnosis of pulmonary hypertension with a mean pulmonary artery pressure (MPAP) of at least 25 mmHg at rest confirmed by right-heart catheterization (RHC)? Y N

   Submit test results or provide here:

   _____

   [If no, then no further questions.]

5. Is the request for generic sildenafil, Revatio suspension, Adcirca, Letairis, Tracleer, Opsumit, generic epoprostenol, Remodulin, Orenitram, Uptravi or Adempas? Y N

   [If no, skip to question 7.]

6. Does the patient have World Health Organization (WHO) Class II, III, or IV symptoms (fatigue, dizziness, and fainting with normal physical activity or at rest)? Y N

   [If no, then no further questions.]

   [If yes, skip to question 8.]

7. Does the patient have World Health Organization (WHO) Class III or IV symptoms (fatigue, dizziness, and fainting with less than normal physical activity or at rest)? Y N

   [If no, then no further questions.]

8. Does the patient have a diagnosis of Pulmonary Arterial Hypertension (PAH) WHO Group I? Y N

   [If no, skip to question 35.]

9. Does the patient meet ONE of the following: A) Inadequate response, intolerance or contraindication to, a calcium channel blocker, or B) Had a negative vasoreactivity test Y N

   Indicate which applies:

   _____

   [If no, then no further questions.]

10. Is the request for generic sildenafil tablets? Y N

    [If no, skip to question 12.]

11. Does the patient have any of the following exclusions to therapy? A) Concurrent use of organic nitrates (ie, isosorbide mononitrate, isosorbide dinitrate, nitroglycerin), or B) Pulmonary veno-occlusive disease (PVOD) Y N

    [No further questions.]

12. Is the request for Adcirca? Y N

    [If no, skip to question 15.]

13. Has the patient had a documented trial and failure of, intolerance or contraindication to, sildenafil? Y N

    [If no, then no further questions.]

14. Does the patient have any of the following exclusions to therapy? A) Concurrent use of organic nitrates (ie, isosorbide mononitrate, isosorbide dinitrate, nitroglycerin), or B) Pulmonary veno-occlusive disease (PVOD) Y N

    [No further questions.]

15. Is the request for Tracleer or Letairis? Y N

    [If no, skip to question 17.]

16. Does the patient have any of the following exclusions to therapy? A) Pregnancy, or B) Pulmonary veno-occlusive disease (PVOD) Y N

    [No further questions.]

17. Is the request for generic epoprostenol? Y N

    [If no, skip to question 19.]

18. Does the patient have any of the following exclusions to therapy? A) Pulmonary veno-occlusive disease (PVOD), or B) Heart failure with left ventricular dysfunction Y N

    [No further questions.]

19. Is the request for Revatio suspension? Y N

    [If no, skip to question 22.]

20. Is there documentation to support the patient's difficulty or inability to swallow and the necessity of the brand suspension formulation? Y N

[If no, then no further questions.]

21. Does the patient have any of the following exclusions to therapy? A) Concurrent use of organic nitrates (ie, isosorbide mononitrate, isosorbide dinitrate, nitroglycerin), or B) Pulmonary veno-occlusive disease (PVOD) Y N

[No further questions.]

22. Is the request for Opsumit? Y N

[If no, skip to question 25.]

23. Has the patient had a documented trial and failure of, intolerance or contraindication to, 2 preferred oral agents: one PDE-5 inhibitor (e.g., sildenafil or Adcirca) and one endothelin receptor antagonist (e.g., Tracleer or Letairis)? Y N

[If no, then no further questions.]

24. Does the patient have any of the following exclusions to therapy? A) Pregnancy, or B) Pulmonary veno-occlusive disease (PVOD) Y N

[No further questions.]

25. Is the request for Adempas? Y N

[If no, skip to question 28.]

26. Has the patient had a documented trial and failure of, intolerance or contraindication to, 2 preferred oral agents: one PDE-5 inhibitor (e.g., sildenafil or Adcirca) and one endothelin receptor antagonist (e.g., Tracleer or Letairis)? Y N

[If no, then no further questions.]

27. Does the patient have any of the following exclusions to therapy? A) Concurrent use of organic nitrates (ie, isosorbide mononitrate, isosorbide dinitrate, nitroglycerin), or B) Pregnancy Y N

[No further questions.]

28. Is the request for Uptravi? Y N

[If no, skip to question 30.]

29. Has the patient had a documented trial and failure of, intolerance or contraindication to, 2 preferred oral agents: one PDE-5 inhibitor (e.g., sildenafil or Adcirca) and one endothelin receptor antagonist (e.g., Y N

Tracleer or Letairis)?

[No further questions.]

30. Is the request for Orenitram? Y N

[If no, skip to question 33.]

31. Has the patient had a documented trial and failure of, intolerance or contraindication to, 2 preferred oral agents: one PDE-5 inhibitor (e.g., sildenafil or Adcirca) and one endothelin receptor antagonist (e.g., Tracleer or Letairis)? Y N

[If no, then no further questions.]

32. Does the patient have Child Pugh Class C hepatic impairment? Y N

[No further questions.]

33. Is the request for Tyvaso or Ventavis or Remodulin? Y N

[If no, then no further questions.]

34. Has the patient had a documented trial and failure of, intolerance or contraindication to, 2 preferred oral agents: one PDE-5 inhibitor (e.g., sildenafil or Adcirca) and one endothelin receptor antagonist (e.g., Tracleer or Letairis) Y N

[No further questions.]

35. Does the patient have WHO Group IV Pulmonary Hypertension (Chronic thromboembolic pulmonary hypertension, CTEPH)? Y N

[If no, then no further questions.]

36. Is the request for Adempas? Y N

[If no, then no further questions.]

37. Does patient meet ONE of the following: A) Has recurrent or persistent CTEPH after surgical treatment, or B) Patient is NOT a candidate for surgery. Y N

Provide reason:

_____

[If no, then no further questions.]

38. Does the patient have any of the following exclusions to therapy? A) Concurrent use of organic nitrates (ie, isosorbide mononitrate, isosorbide dinitrate, nitroglycerin), or B) Pregnancy Y N

[No further questions.]

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature Date