

**Adempas  
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:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the diagnosis?  
 Chronic thromboembolic pulmonary hypertension (CTEPH)  
 Pulmonary arterial hypertension (PAH)  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is the request for continuation of therapy with Adempas?  Yes  No *If No, skip to #5*
4. Is the patient currently receiving Adempas 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 (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 PAH been confirmed by right heart catheterization?  Yes  No
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

***Complete the following section based on the patient's diagnosis.***

Section A: Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

10. Does the patient have recurrent or persistent CTEPH after pulmonary endarterectomy?  
*If Yes, no further questions*  Yes  No
11. Does the patient have inoperable CTEPH?  Yes  No
12. Has CTEPH been confirmed by pulmonary angiography, computed tomography (CT) angiography, or magnetic resonance imaging (MRI) angiography?  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)**