

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



>{{PANUMCODE}}

Tyvaso

Prior Authorization Request

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.

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: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

- What is the diagnosis?
 Pulmonary arterial hypertension (PAH)
 Other _____
- What is the ICD-10 code? _____
- Is the request for continuation of therapy with Tyvaso? Yes No *If No, skip to #6*
- Is the patient currently receiving the requested product through a paid pharmacy or medical benefit?
 Yes No Unknown *If No or Unknown, skip to #6*
- Is the patient experiencing benefit from therapy as evidenced by disease stability or disease improvement?
No further questions
 Yes, disease stability
 Yes, disease improvement
 No, neither disease stability nor disease improvement
- 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)
- Has PAH been confirmed by right heart catheterization? Yes No *If No, skip to #11*
- What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg
- What is the pretreatment pulmonary capillary wedge pressure? _____ mmHg
- What is the pretreatment pulmonary vascular resistance? _____ Wood units *No further questions*
- Is the patient an infant less than one year of age? Yes No

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

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CVS Caremark Prior Authorization • 1300 E. Campbell Road • Richardson, TX 75081

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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)

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