





# MEDICARE FORM

## Pulmonary Hypertension (Inhalation or Injectable Medication) Precertification Request

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(All fields must be completed and legible for Precertification Review)

For Medicare Advantage Part B:

FAX: 1-844-268-7263

PHONE: 1-866-503-0857

For other lines of business:

Please use other form.

**Note: Remodulin is non-preferred. The preferred product is generic treprostinil injectable. Generic treprostinil injectable does not require precertification.**

Patient First Name	Patient Last Name	Patient Phone	Patient DOB
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**G. CLINICAL INFORMATION (continued)** – Required clinical information must be completed in its entirety for all precertification requests.

Yes  No Does the patient have a diagnosis of pulmonary hypertension?  
 → Please identify the type of pulmonary hypertension:

Chronic thromboembolic pulmonary hypertension (CTEPH)  Hereditary PAH due to activin receptor-like kinase type 1 (ALK1), endoglin, mothers against decapentaplegic 9 (SMAD9), caveolin-1 (CAV1), or potassium channel subfamily K member-3 (KCNK3)  Hereditary PAH due to bone morphogenetic protein receptor type 2 (BMPR2)  Hereditary PAH due to unknown causes  Idiopathic PAH (formerly primary pulmonary hypertension)  PAH due to diseases that localize to small pulmonary arterioles, including drug and toxin-induced (e.g., anorectic agents (diet drugs))  PAH associated with congenital heart disease  PAH associated with connective tissue diseases  PAH associated with HIV infection  PAH associated with portal hypertension  PAH associated with schistosomiasis  Persistent pulmonary hypertension of the newborn (PPHN) (such as associated with congenital diaphragmatic hernia)  Pulmonary hypertension associated with pulmonary veno-occlusive disease (PVOD) or pulmonary capillary hemangiomatosis (PCH)  Sarcoidosis associated with pulmonary hypertension  Other: \_\_\_\_\_

Yes  No  N/A Has the patient undergone an acute vasoreactivity test prior to initiation of therapy?  
 →  Yes  No Is an acute vasoreactivity test contraindicated due to right heart failure, low systemic blood pressure, low cardiac index, or presence of severe (functional class IV) symptoms?  
 → Please select:  Low cardiac index  Low systemic blood pressure  Right heart failure  Severe functional class IV symptoms

→  Yes  No Did the patient have a **positive** acute vasoreactivity test result (defined as a decrease in mPAP (mean pulmonary artery pressure) at least 10 mmHg to an absolute level of less than 40 mmHg without a decrease in cardiac output)?  
 →  Yes  No Does the patient have a documented trial and failure of a calcium channel blocker (dihydropyridine or diltiazem)?  
 →  Yes  No Does the patient have a contraindication to a calcium channel blocker (e.g., right heart failure, hemodynamic instability)?

**For Initiation Requests (clinical documentation required):**

**Revatio (sildenafil injection)**

Yes  No Is the patient concurrently on organic nitrates (e.g., isosorbide mononitrate, isosorbide dinitrate, nitroglycerin)?  
 Yes  No Is the patient concurrently on guanylate cyclase (GC) stimulators (e.g., Adempas (riociguat))?

**For Continuation of Therapy Requests (clinical documentation required):**

Yes  No Is this continuation request a result of the patient receiving samples?  
 Yes  N Is there clinical documentation indicating disease stability or improvement?  
 → Please select:  Disease stability  Disease improvement

**For Revatio (sildenafil injection) only:**

Yes  No Is the patient concurrently on organic nitrates (e.g., isosorbide mononitrate, isosorbide dinitrate, nitroglycerin)?  
 Yes  No Is the patient concurrently on guanylate cyclase (GC) stimulators (e.g., Adempas (riociguat))?

**H. ACKNOWLEDGEMENT**

**Request Completed By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate requests.