Flolan, Veletri, and epoprostenol  
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.

Patient’s Name: ___________________ 
Patient’s ID: ___________________ 
Physician’s Name: ___________________ 
Physician’s Office Fax: ___________________ 
Physician Office Telephone: ___________________ 
Physician Office Fax: ___________________ 

1. What drug is being prescribed?  
   - Flolan  
   - Veletri  
   - Epoprostenol  
   - Other ___________________  

2. What is the diagnosis?  
   - Pulmonary arterial hypertension (PAH)  
   - Other ___________________  

3. What is the ICD code? ___________________  

4. What is the prescribing MD’s specialty?  
   - Pulmonology  
   - Cardiology  
   - Other ___________________  

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 cardiomypathies  
   - 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  
   - 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; lymphangioleiomyomatosis, 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

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-866-249-6155

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6. Prior to initiation of therapy, what New York Heart Association (NYHA) functional class symptoms does/did the patient experience?

- **Class I:** Patients with pulmonary hypertension but without resulting limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain, or near syncope.
- **Class II:** Patients with pulmonary hypertension resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
- **Class III:** Patients with pulmonary hypertension resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope.
- **Class IV:** Patients with pulmonary hypertension with inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnea and/or fatigue may be present even at rest. Discomfort is increased by any physical activity.

7. Has PAH been confirmed by right heart catheterization?

**Action Required: Attach results of the test.**

- Yes
- No

If No, skip to #11

8. What is the pretreatment mean pulmonary arterial pressure at rest? _____________ mmHg

9. What is the pretreatment capillary wedge pressure? _____________ mmHg

10. What is the pretreatment pulmonary vascular resistance? _____________ Wood units

11. Is the requested medication being prescribed for an infant patient?

- Yes
- No

If No, skip to #14

12. Is the patient an infant with 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

13. Has Doppler echocardiogram been performed to diagnose PAH?

- Yes
- No

**No further questions**

14. Is the patient currently receiving treatment with epoprostenol, Flolan or Veletri?

- Yes
- No

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*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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CVS Caremark Specialty Pharmacy  •  2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-866-814-5506  •  Fax: 1-866-249-6155  •  www.caremark.com
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