Opsumit
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.

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: _____ **Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the diagnosis?
   - ❑ Pulmonary arterial hypertension (PAH)
   - ❑ Other _____
2. What is the ICD-10 code? _____
3. Is the request for continuation of therapy with Opsumit? ❑ Yes ❑ No *If No, skip to #5*
4. Is the patient currently receiving Opsumit 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)
   - ❑ 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)
6. Has PAH been confirmed by right heart catheterization? ❑ Yes ❑ No *If No, skip to #10*
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 *No further questions*
10. Is the patient an infant less than one year of age? ❑ Yes ❑ No
11. Does the patient have 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

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)**