

Remodulin® & treprostinil Coverage Determination Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		Office Contact:
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>		
Medication Name: Select one of the following: <input type="checkbox"/> Request is for GENERIC <input type="checkbox"/> Request is for BRAND (unable to take the generic)		Strength:
<input type="checkbox"/> Check if request is for continuation of therapy		Dosage Form:
		Directions for Use:

Clinical Information <small>(required)</small>
Select the Type of Coverage Determination Requested: <input type="checkbox"/> Prior Authorization - Request is for a drug that requires prior authorization under the plan.
Select the diagnosis below: <input type="checkbox"/> Pulmonary arterial hypertension (PAH) <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
Clinical Information: Is the requested medication prescribed by a pulmonologist or cardiologist? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation the patient has a diagnosis of PAH (World Health Organization group 1)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation the patient has mean pulmonary artery pressures greater than or equal to 25 mmHg at rest by right heart catheterization or echocardiography? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation the patient has New York Heart Association (NYHA) functional class II through IV symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.