

**2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM**



Ventavis (iloprost) - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Line of Business: <input type="checkbox"/> Medicare	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	<b>Specialty/facility name (if applicable):</b>	

**REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

**Please attach any pertinent medical history including labs and information for this member that may support approval.  
Please answer the following questions and sign.**

Q1. Is this request for reauthorization?  
 Yes  No

Q2. Is documentation provided indicating patient has improvement in condition?  
 Yes  No

Q3. Is the prescriber a cardiologist, pulmonologist, or Practitioner at a Pulmonary Hypertension Association-accredited center?  
 Yes  No

Q4. Does the member have the diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH)?  
 Yes  No

Q5. Has the diagnosis of PAH been confirmed by a complete right catheterization (RHC) (please attach RHC report)? PAH is defined as:  
 I. A mean pulmonary arterial pressure (mPAP) greater than 20 mmHg  
 II. A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg  
 III. A pulmonary vascular resistance (PVR) greater than 3 Wood units  
 Yes  No

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Q6. Does the patient have a NYHA/WHO functional class of III (marked limitation of physical activity from PAH. Patient is comfortable at rest, but less than ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope) or IV (inability to carry out any physical activity without symptoms. Patient has signs of right heart failure. Dyspnea and/or fatigue may be present at rest. Discomfort is increased by any physical activity and may result in syncope)?

Yes

No

Q7. Is Ventavis being used with a nebulizer (covered DME) in the home setting?

Yes

No

Q8. Duration:

12 months

Other

Q9. Additional Information:

Prescriber Signature

Date

2024 Medicare Prior Authorization Request