

Ticket #: _____ Request Date: _____ Request Time: _____

Ventavis® Prior Authorization Request Form (Page 1 of 2)
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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Pulmonary arterial hypertension (PAH)	
<input type="checkbox"/> Other diagnosis: _____	ICD-10 Code(s): _____

Clinical Information:

Does the patient have pulmonary arterial hypertension (PAH) that is symptomatic? Yes No

Was the diagnosis of PAH confirmed by right heart catheterization? Yes No

Is the patient currently on any therapy for the diagnosis of PAH? Yes No

Is the requested medication prescribed by or in consultation with a pulmonologist or cardiologist? Yes No

Reauthorization:

If this is a reauthorization request, answer the following question:

Is there documentation the patient has had a positive clinical response to therapy? Yes No

Quantity Limit Requests:

What is the quantity requested per DAY? _____

What is the reason for exceeding the plan limitations?

Titration or loading dose purposes

Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)

Requested strength/dose is not commercially available

Other: _____

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

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Authorized Medical Signature:	
Telephone:	Date:

When Completed Return To:

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

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