



**Flolan/Veletri (epoprostenol)  
HMSACOM - 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 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. 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.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Patient's Phone Number:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

**Additional Demographic Information:**

*Patient Weight:* \_\_\_\_\_ *kg*  
*Patient Height:* \_\_\_\_\_ *ft* \_\_\_\_\_ *inches*

***Indicate where the drug is being dispensed:***

- Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital
- Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center
- Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice
- Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility
- Psychiatric Facility  Pharmacy  Other

***Indicate where the drug is being administered:***

- Ambulatory surgical  Home  Inpatient hospital  Office
- Outpatient Hospital  Pharmacy

What is the ICD-10 code? \_\_\_\_\_

What is the drug being prescribed?

- Epoprostenol  Flolan  Veletri

**Criteria Questions:**

1. What is the diagnosis?  
 Pulmonary arterial hypertension (PAH), *Continue to #2*  
 Other, *Continue to #2*

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Epoprostenol, Flolan, Veletri HMSACOM – 04/2024.

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2. Is the requested medication being prescribed by or in consultation with a pulmonologist or cardiologist?

Yes, *Continue to #3*

No, *Continue to #3*

INITIAL CRITERIA

3. What is the World Health Organization (WHO) classification of pulmonary hypertension?

WHO Group 1 (Pulmonary arterial hypertension), *Continue to #4*

WHO Group 2 (Pulmonary hypertension owing to left heart disease), *Continue to #4*

WHO Group 3 (Pulmonary hypertension owing to lung disease and/or hypoxia), *Continue to #4*

WHO Group 4 (Pulmonary hypertension owing to pulmonary artery obstruction), *Continue to #4*

WHO Group 5 (Pulmonary hypertension with unclear and/or multifactorial mechanisms), *Continue to #4*

4. Has the diagnosis been confirmed by right heart catheterization?

Yes, *Continue to #5*

No, *Continue to #10*

5. What is the pretreatment mean pulmonary arterial pressure (mPAP)? **Documentation required**

\_\_\_\_\_ mmHg, *Continue to #6*

6. What is the pretreatment capillary wedge pressure (PCWP)? **Documentation required**

\_\_\_\_\_ mmHg, *Continue to #7*

7. Is the patient less than 18 years of age?

Yes, *Continue to #9*

No, *Continue to #8*

8. What is the pretreatment pulmonary vascular resistance (PVR)? **Documentation required**

\_\_\_\_\_ Wood units, *No Further Questions*

9. What is the pretreatment pulmonary vascular resistance index (PVRI)? (Note: m<sup>2</sup> represents unit of body surface area, meters squared)

\_\_\_\_\_ Wood units x m<sup>2</sup>, *No Further Questions*

10. Is the patient an infant less than one year of age?

Yes, *Continue to #11*

No, *Continue to #11*

11. Has Doppler echocardiogram been performed to diagnose PAH? **Documentation required**

Yes, *No Further Questions*

No, *No Further Questions*

***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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