



2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Ventavis (iloprost)

Fax back to: (833) 605-4407

Phone: (215) 991-4300

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.

Form with fields: Patient Name, Prescriber Name, Member Number, Fax, Phone, Date of Birth, Office Contact, Line of Business, NPI, State Lic ID, Address, City, State ZIP, Primary Phone, Specialty/facility name (if applicable)

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

Form with fields: 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



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Patient Name:	Prescriber Name:
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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

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. Additional Information:

Prescriber Signature

Date

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