MOLINA HEALTHCARE
Iowa Health Link Iowa HHS  Hawki Iowa HHS

**Request for Prior Authorization**
**PULMONARY ARTERIAL HYPERTENSION AGENTS**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**FAX Completed Form To**
1 (877) 733-3195
**Provider Help Desk**
1 (844) 236-1464

| IA Medicaid Member ID # | Patient name | DOB |
|---|---|---|
| Patient address | | |
| Provider NPI | Prescriber name | Phone |
| Prescriber address | | Fax |
| Pharmacy name | Address | Phone |

**Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.**

| Pharmacy NPI | Pharmacy fax | NDC |
|---|---|---|

**Prior authorization is required for agents used to treat pulmonary hypertension.**

**Preferred**

- ☐ Ambrisentan
- ☐ Bosentan
- ☐ Epoprostenol
- ☐ Sildenafil
- ☐ Tadalafil

**Non-Preferred**

- ☐ Adcirca
- ☐ Adempas
- ☐ Flolan
- ☐ Letairis
- ☐ Liqrev
- ☐ Opsumit
- ☐ Opsynvi
- ☐ Orenitram
- ☐ Remodulin
- ☐ Revatio
- ☐ Sildenafil Susp
- ☐ Tadliq
- ☐ Tracleer
- ☐ Trepostinil
- ☐ Tyvaso
- ☐ Uptravi
- ☐ Veletri
- ☐ Ventavis
- ☐ Winrevair

**Strength** _____ **Dosage Instructions** _____ **Quantity** _____ **Days Supply** _____

**Diagnosis:**

- ❑ **Pulmonary arterial hypertension**
- ❑ **Other (please specify)**_____

Reason for use of Non-Preferred drug requiring prior approval:_____

_____

Other medical conditions to consider:_____

_____

***Attach lab results and other documentation as necessary.***

| Prescriber signature (Must match prescriber listed above.) | Date of submission |
|---|---|
| | |

***IMPORTANT NOTE:*** *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.*