



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

**Complete form in its entirety and fax to
1-855-964-0556, Attn. PA pharmacist.**

Contact Blue Advantage Medical Management at
1-866-508-7145 if you have questions.

PART B DRUG PRIOR AUTHORIZATION REQUEST FORM

REMODULIN®

Request Type:

- Standard Review (72 hours)
- Expedited Review (24 hours) – By checking this box I certify that applying the 72-hour standard review timeframe might seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.

NOTE: Please complete all fields in the form. Missing information and lack of prompt response to requests for additional information may delay response time. Please attach relevant supporting documentation such as labs, results of diagnostic tests and office visit notes to this request.

PATIENT INFORMATION

Patient Name		DOB		
Street Address, City, State, ZIP				
Blue Advantage Member ID#	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Weight	Height	BMI
Drug Allergies				

PRESCRIBER INFORMATION

Prescriber Name	Office Contact Person and Direct Extension
Street Address, City, State, ZIP	
Office Phone	Office Fax

DRUG DISPENSING AND ADMINISTRATION INFORMATION

Who is furnishing the drug? <input type="checkbox"/> Physician’s office or facility will furnish drug <input type="checkbox"/> Member picking up drug at a pharmacy IMPORTANT NOTE: If member is picking up drug at pharmacy, this request must be faxed to the Part D drug prior authorization department at 1-877-251-5896.	Facility Where Drug is to be Administered <input type="checkbox"/> Physician’s Office <input type="checkbox"/> Outpatient Infusion Center Center Name: _____ <input type="checkbox"/> Home Infusion Agency Name: _____
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MEDICATION

Remodulin dose, route, frequency	
<input type="checkbox"/> New start <input type="checkbox"/> Continued treatment	Next treatment date

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

19-393_Y0132_C
18NW2244 R11/19

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

DIAGNOSIS (Please document IDC-10 here):

Please provide the diagnosis:

CLINICAL INFORMATION: PLEASE ATTACH SUPPORTING DOCUMENTATION, INCLUDING LABS AND OFFICE VISIT NOTES

Does the patient have NYHA functional Class II to IV symptoms?

 Yes No

Does the patient have pulmonary hypertension secondary to one of following conditions: connective tissue disease, thromboembolic disease of the pulmonary arteries, HIV infection, cirrhosis, diet drugs, congenital left-to-right shunts?

 Yes
 No

Has pulmonary hypertension progressed despite maximal medical/surgical treatment?

 Yes No

Mean PAP at rest: _____

Mean PAP with exertion: _____

Date of test: _____

What symptoms are present (circle all that apply):

Severe dyspnea on exertion Fatigue Angina Syncope Other: _____

Has the patient tried and failed a calcium channel blocker, or is not a candidate for calcium channel blocker treatment?

 Yes No**Feel free to provide additional information you feel is relevant to the request below:**

Prescriber Signature

Date

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