

**INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT  
MISCELLANEOUS CARDIAC AGENTS PRIOR AUTHORIZATION REQUEST FORM**



**CareSource Pharmacy Prior Authorization Form**

**P.O. Box 8738  
Dayton, OH 45401-8738  
Fax: (866) 930-0019**

Today's Date

/   /

Non-Urgent ☐

Urgent ☐

**Note:** This form must be completed by the prescribing provider.

**\*\*\*All sections must be completed or the request will be returned.\*\*\***

Patient's CareSource # <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Patient's Name	Prescriber's Name	
Prescriber's IN License # <input type="text"/>	Specialty	
Prescriber's NPI # <input type="text"/>	Office Contact	
Prescriber Fax <input type="text"/> - <input type="text"/> - <input type="text"/>	Prescriber Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	
Prescriber's Address	Date(s) of Service: _____ Start Date: _____	
<b>Requested Medication</b>	<b>Strength</b>	<b>Directions for Use</b>
<b>Quantity Requested</b>	<b>Duration of Therapy</b>	

**PA Requirements for Camzyos (mavacamten):**

1. Diagnosis of symptomatic obstructive hypertrophic cardiomyopathy? (Provide documentation) ☐ Yes ☐ No  
Diagnosis Code: \_\_\_\_\_
2. Left ventricular ejection fraction is greater than or equal to 55%? (Provide documentation) ☐ Yes ☐ No
3. Left ventricular outflow tract (LVOT) gradient of 50 mm Hg or greater? (Provide documentation) ☐ Yes ☐ No
4. Member is 18 years of age or older? ☐ Yes ☐ No
5. Member is enrolled in Camzyos/mavacamten REMS program? ☐ Yes ☐ No
6. Member has tried and failed 90 days or greater of beta-adrenergic blocker or non-dihydropyridine calcium channel blocker therapy? ☐ Yes ☐ No

**-OR-**

Please provide medical rationale for the use of Camzyos (mavacamten) over beta-adrenergic blocker and non-dihydropyridine calcium channel blocker therapy

\_\_\_\_\_

\_\_\_\_\_

**PA Requirements for Corlanor Tablet (ivabradine) for Adults:**

1. Diagnosis of heart failure? (Provide documentation) ☐ Yes ☐ No Diagnosis Code \_\_\_\_\_
2. Left ventricular ejection fraction is less than or equal to 35%? (Provide documentation) ☐ Yes ☐ No
3. Resting heart rate is greater than or equal to 70 beats per minute? (Provide documentation) ☐ Yes ☐ No
4. Member is currently maximized on beta-blocker dose? ☐ Yes ☐ No  
Drug/dose/date(s): \_\_\_\_\_

**-OR-**

Member has contraindication to beta-blocker use? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

**PA Requirements for Corlanor Oral Solution (ivabradine) for Pediatrics:**

1. Diagnosis of stable symptomatic heart failure due to dilated cardiomyopathy? (Provide documentation)  
☐ Yes ☐ No Diagnosis Code: \_\_\_\_\_
2. Member is 6 months through 17 years of age? ☐ Yes ☐ No
3. Left ventricular ejection fraction is less than or equal to 45%? (Provide documentation) ☐ Yes ☐ No
4. Member is in sinus rhythm? (Provide documentation) ☐ Yes ☐ No
5. Resting heart rate is elevated? (Provide documentation) ☐ Yes ☐ No

**PA Requirements for Verquvo (vericiguat):**

1. Member is 18 years of age or older? ☐ Yes ☐ No Diagnosis Code \_\_\_\_\_
2. Diagnosis of chronic, symptomatic heart failure? (Provide documentation) ☐ Yes ☐ No
3. Left ventricular ejection fraction is less than or equal to 45%? (Provide documentation) ☐ Yes ☐ No
4. Member has been hospitalized for heart failure in the past 180 days? (Provide documentation)  
☐ Yes ☐ No  
**-OR-**  
Member has received IV diuretics in the past 90 days? (Provide documentation) ☐ Yes ☐ No
5. Member is female of childbearing age and has had a negative pregnancy test within the past 60 days?  
(Provide documentation) ☐ Yes ☐ No

**NOTE:** Please attach other relevant information you would like considered for this review.

I attest that the provided information above is accurate:

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at **1-844-607-2831**.