

Fax completed form to: 1-866-868-0858  
Questions, please call: 1-866-316-6049



SELECTCARE of TEXAS, L.L.C.

## Important Information About Prescription Drug Coverage

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To: \_\_\_\_\_ From: \_\_\_\_\_

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Re: Revatio® (sildenafil): Prior Authorization Request Form: Please respond.

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- Please complete the attached Revatio® (sildenafil) Prior Authorization Request Form
- To expedite the review process please complete all requested fields.
- Completed forms should be faxed to: 1-866-868-0858. It is not necessary to fax this cover page.

**Please note:** By signing the attached form you are certifying that the treatment requested is medically necessary. No contraindications are present and precautions have been considered. You will be supervising the patient's treatment. Supporting documentation is available in the patient's record. Signature on this form attests to the fact that the corresponding ICD-9 code has been documented in the patients chart and submitted on a CMS- 1500 form.

### Information about this drug

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#### Revatio® (sildenafil)

Revatio is recommended in patients with idiopathic pulmonary arterial hypertension (IPAH, formerly called primary pulmonary hypertension), familial PAH, and PAH due to diseases that localize to small pulmonary muscular arteriole.

Revatio is excluded from Medicare Part D coverage if used off-label in the treatment of erectile dysfunction.

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review, and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

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

MemberHealth, LLC, PO Box 391197, Solon OH 44139-3911

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M0018\_PATEMP\_1107 CMS 11/28/07 H4506

# Prior Authorization Request Form



SELECTCARE of TEXAS, L.L.C.

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## Patient Information

Name \_\_\_\_\_  
Member ID \_\_\_\_\_  
Medicare ID \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex: M / F  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Nursing home resident? YES / NO  
Home care patient? YES / NO

## Prescriber and Pharmacy Information

Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
DEA \_\_\_\_\_  
NPI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Pharmacy name \_\_\_\_\_  
NCPDP \_\_\_\_\_  
NPI \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

## All items below this line are for Physician Use Only

### Information for Requested Drug

Strength: \_\_\_\_\_ Dosage form: \_\_\_\_\_ Qty per 30 days: \_\_\_\_\_ Drug is (circle one): Newly prescribed/Refill  
Directions: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Standard Reviews will be completed in under 72 hours. An expedited review is available if you certify that a standard review timeframe will seriously jeopardize the health of your patient. To request an expedited review, simply indicate this at the top of this page.

### Revatio® (sildenafil) Criteria

- 1 Please indicate the patient's diagnosis. Select or specify the correct ICD-9 code. This question must be completed  
 Pulmonary Arterial Hypertension (PAH) (ICD-9: 416)  
 Other (diagnosis and ICD-9) \_\_\_\_\_
- 2 Is the prescribing physician a pulmonologist or cardiologist or has one been consulted?  
 Yes  No
- 3 Is the patient's NYHA functional class (modified) Class 2, 3 or 4 (check appropriate box)?  
 Yes  No  
 Class 2: Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.  
 Class 3: Patients with pulmonary hypertension resulting in marked limitation of physical activity. These patients are comfortable at rest, but less than ordinary physical activity causes undue dyspnea or fatigue, chest pain or near syncope.  
 Class 4: Patients with pulmonary hypertension resulting in inability to perform any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnea and/or fatigue may be present at rest, and discomfort is increased by any physical activity.
- 4 Has the patient failed an adequate therapeutic trial of a calcium channel blocker OR is patient not a candidate for calcium channel blocker therapy?  
 Yes  No
- 5 Is the patient taking nitrates?  
 Yes  No

Medical justification: (Attach additional page if necessary): \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_