P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Revatio™ and Adcirca™
(Sildenafil and Tadalafil)

Therapeutic use: Treatment of pulmonary arterial hypertension (PAH) to improve exercise ability

Quantity Limit:

- Revatio: Not to exceed 20 mg three times daily
- Adcirca: Not to exceed 40 mg (two 20 mg tablets) daily

Authorization Period: 1 year

Patient's name _____

Patient's ID# | | | | | | | | | | DOB | | | / | | | / | | | | |

ICD-9 | | | | | | | | | | | | _____

Physician's name_____

Physician's Ph# (| | |) | | | - | | | | | Fax# | | | | - | | | | |

Physician's signature_____ Date signed | | | / | | | / | | | | |

Please check "Yes" or "No" or answer the following questions:			
1.	Which medication is being requested? ❑ Revatio tablets ❑ Revatio injection ❑ Adcirca Adcirca is the preferred PDE-5 Inhibitor for the treatment of PAH		
1a.	If requesting Revatio, has the patient failed previous therapy with Adcirca?	❑ Yes	❑ No
2.	Is the prescribing physician a specialist who evaluates and treats pulmonary hypertension (i.e., pulmonologist for adults, cardiologists for pediatrics)?	❑ Yes	❑ No
3.	Does the patient have pulmonary arterial hypertension with WHO class II or III symptoms?	❑ Yes	❑ No
4.	Have all secondary causes of pulmonary hypertension been excluded?	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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