P.O. Box 30192
Salt Lake City, UT 84120-0192
801-442-4912 or 800-442-3219
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Tracleer™ and Letairis™
(Bosentan and Ambrisentan)

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

Quantity Limit:

- Tracleer: Not to exceed 125 mg twice daily
- Letairis: Not to exceed 10 mg daily

Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐ ☐☐ ☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐ ☐☐ ☐☐☐ ☐☐ _____

Physician's name_____

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

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" or answer the following questions:			
1.	Which medication is being requested? ❑ Tracleer ❑ Letairis Tracleer is the preferred ERA for the treatment of PAH		
1a.	If requesting Letairis, has the patient failed previous therapy with Tracleer?	❑ 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 - IV 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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