

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

Phosphodiesterase 5 Inhibitors (PDE-5) Medications

Drug Requested: (Check box below that applies)

PREFERRED		
<input type="checkbox"/> Alyq™ (tadalafil) tab	<input type="checkbox"/> sildenafil tab/suspension	<input type="checkbox"/> tadalafil tab
NON-PREFERRED		
<input type="checkbox"/> Revatio® (sildenafil) tab/susp/inj	<input type="checkbox"/> Adcirca® (tadalafil) tab	
<input type="checkbox"/> Liqrev® suspension	<input type="checkbox"/> Opsynvi® tab	
<input type="checkbox"/> Tadliq® suspension		

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

(Continued on next page)

- Prescriber is: Pulmonologist OR Cardiologist
- Diagnosis of pulmonary hypertension in members > 18 years of age is required (≥ 1 years oral Revatio[®] only)
- Member tried and failed **two** preferred drugs (if non preferred medication)
- Must have a rationale for not taking the sildenafil tablet to receive a prior authorization for injectable Revatio[®]

Medication being provided by Specialty Pharmacy - PropriumRx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****
****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****