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		
❑ **Alyq™** (tadalafil) **tab**	❑ **sildenafil tab**	❑ **tadalafil tab**
NON-PREFERRED		
❑ **Revatio®** (sildenafil) **tab/susp/inj**	❑ **Adcirca®** (tadalafil) **tab**	
❑ **Liqrev® suspension**	❑ **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:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

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

AND

- ❑ Diagnosis of pulmonary hypertension in members > 18 years of age is required

AND

- ❑ Member tried and failed **two** preferred drugs

AND

- ❑ 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.*