

PRESCRIBER'S STATEMENT OF MEDICAL NECESSITY
Pre-Authorization Request for the oral phosphodiesterase 5 (PDE5) inhibitors
(i.e., Sildenafil (Revatio), Tadalafil (Adcirca), etc.) used for Pulmonary Arterial Hypertension (PAH)

INCOMPLETE FORMS WILL BE RETURNED

PATIENT INFORMATION

Patient location: Home Hospital Clinic Office Other _____
Patient Name: _____ Age: _____ DOB: _____ MA ID#: _____
Address: _____ Tel#: _____
Is patient enrolled in any clinical study? Yes No List study drug: _____
Specify sponsoring organization/drug manufacturer: _____
Specify purpose of study: _____

PRESCRIBER INFORMATION

If Drug is being prescribed at unapproved dosage or for an unapproved FDA indication; I certify that off-label use or use of the higher dosage is medically necessary and that patient is not enrolled in any study involving the requested drug. Such off-label use (related to the indication and/or dosage regimen) of the drug must be documented in one of the three official compendia (American Hospital Formulary Service Drug Information, Micromedex/Drugdex Drug Data Base, U.S. Pharmacopeia). I will be supervising the patient's treatment accordingly. Supporting medical documentation is kept on file in the patient's medical record.

Prescriber's Name: _____ Specialty: _____ Date: _____
Address: _____ Tel.# _____ Fax: _____
Signature: _____ Degree: _____ NPI #: _____

PRESCRIPTION INFORMATION

Drug/strength prescribed: _____ Dosage frequency: _____
If prescribed dosage exceeds FDA-approved dosage recommendations of 20mg tid (Revatio), and 40 mg.qd (Adcirca) provide reasons for deviation from approved standard dosage: _____

Prescription Type: Initiation of Therapy Continued Therapy

List indication(s) for the prescribed drug:
 Pulmonary arterial hypertension (PAH)- WHO Diagnosis Group: I II III IV V
Associated Causes for PAH: _____
Check NYHA functional class for severity of the symptoms: I II III IV
 Other: _____

Diagnostic tests:
Pre-treatment pulmonary arterial pressure: _____ mmHg at rest _____ mmHg with exercise Date measured: _____
Post-treatment pulmonary arterial pressure: _____ mmHg at rest _____ mmHg with exercise Date measured: _____
Did right heart catheterization and vasodilator trial result in a decrease in pulmonary artery pressure > 10 mm Hg with no change or increase in cardiac output? Yes* No**
* If yes (Responder), has a calcium channel blocker, diuretic, and/or anticoagulation been initiated? Yes No
** If no (Non-Responder), list other therapies that had been tried for pulmonary arterial hypertension: _____

Did patient fail optimal therapy with the vasodilators and diuretics? Yes No
Please submit to the Program the patient's medical history with any pertinent diagnostic test results related to his PAH diagnosis.

Approved length of therapy: From _____ to _____ Quantity: _____ Days Supply: _____

Denied- Reasons: _____

Reviewer's Initials _____

Date: _____