

Revatio, sildenafil
Prior Authorization Request

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____	Date: _____
Patient's ID: _____	Patient's Date of Birth: _____
Physician's Name: _____	NPI#: _____
Specialty: _____	Physician Office Fax: _____
Physician Office Telephone: _____	
Request Initiated For: _____	

1. What drug is being prescribed? Revatio sildenafil (generic) Other _____
2. What is the diagnosis?
 Pulmonary arterial hypertension (PAH) Other _____
3. What is the ICD-10 code? _____
4. Is the request for continuation of therapy with sildenafil/Revatio? Yes No *If No, skip to #6*
5. Is the patient currently receiving sildenafil/Revatio through samples or a manufacturer's patient assistance program? **ACTION REQUIRED: If No, please attach prior authorization approval (PA) letter and no further questions.**
 Yes No
6. What is the World Health Organization (WHO) classification of pulmonary hypertension?
 WHO Group 1 (Pulmonary Arterial Hypertension)
 WHO Group 2 (Pulmonary Hypertension Owing to Left Heart Disease)
 WHO Group 3 (Pulmonary Hypertension Owing to Lung Disease and/or Hypoxia)
 WHO Group 4 (Chronic Thromboembolic Pulmonary Hypertension)
 WHO Group 5 (Pulmonary Hypertension with Unclear Multifactorial Mechanisms)
7. Has PAH been confirmed by right heart catheterization? Yes No *If No, skip to #11*
8. What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg
9. What is the pretreatment capillary wedge pressure? _____ mmHg
10. What is the pretreatment pulmonary vascular resistance? _____ Wood units *No further questions*
11. Is the patient an infant less than one year of age? Yes No

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12. Does the patient have any of the following conditions? ***Indicate below or mark "None of the above."***

- | | |
|--|---|
| <input type="checkbox"/> Post cardiac surgery | <input type="checkbox"/> Chronic lung disease associated with prematurity |
| <input type="checkbox"/> Chronic heart disease | <input type="checkbox"/> Congenital diaphragmatic hernia |
| <input type="checkbox"/> None of the above | |

13. Has Doppler echocardiogram been performed to diagnose PAH? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date (mm/dd/yy)**