

# UPMC HEALTH PLAN

## Pulmonary Arterial Hypertension Agents: Revatio, Letairis, Tracleer, Flolan, Remodulin, Ventavis Prior Authorization Form

IF THIS IS AN URGENT REQUEST, Please Call UPMC Health Plan Pharmacy Services.  
Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES

PHONE 800-979-UPMC (8762)

FAX 412-454-7722

### THIS SECTION FOR PROVIDER USE ONLY—PLEASE TYPE OR PRINT NEATLY

*Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.*

Office Contact:		Provider Specialty:	
Provider First Name:		Provider Last Name:	
Provider Phone:		Provider Fax:	
Patient Name:	Patient UPMC Health Plan ID Number:	Patient DOB:	Patient Age:
Drug Requested:	Strength:	Frequency:	Qty Dispensed:
<input type="checkbox"/> New medication <input type="checkbox"/> Ongoing medication	If ongoing, provide date started:	If medication is ongoing, Did member Show improvement while on therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis:		Date of diagnosis:	
Place of infusion? (Name and Location)	<input type="checkbox"/> Physician's Office:  <input type="checkbox"/> Hospital/Facility:	Will the drug be: (select one) <input type="checkbox"/> Billed directly by the provider via JCODE If billed via JCODE, please provide the name of provider or vendor that will bill for this drug: _____ <input type="checkbox"/> Billed by a pharmacy and delivered to the provider <input type="checkbox"/> Billed by a pharmacy and delivered to the patient	

### Medical History

*Please complete for all requests:*

Was the diagnosis confirmed by right heart catheterization?  Yes  No

Please indicate World Health Organization (WHO) functional class symptoms.  Class I  Class II  
 Class III  Class IV

*For Revatio requests:*

Is the member currently taking a nitrate product?  Yes  No

*For Letairis and Tracleer requests:*

Has the member had baseline liver function tests prior to initiation of therapy?  Yes  No

If member is a women of childbearing potential, has she had a negative pregnancy test prior to initiation of therapy?  Yes  No  
 Not applicable