# Revatio (sildenafil)

## Prior Authorization Request

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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

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

1. Which drug is being prescribed?
   ❑ sildenafil (generic) ❑ Revatio tablets ❑ Revatio suspension ❑ Revatio injection (IV)
   ❑ Other _____
2. What is the diagnosis?
   ❑ Pulmonary arterial hypertension (PAH)
   ❑ Secondary Raynaud's phenomenon
   ❑ Erectile dysfunction
   ❑ Other _____
3. What is the ICD-10 code? _____
4. *If brand Revatio is being prescribed*, is the prescriber willing to switch to sildenafil (generic)? ***If Yes, fax a new prescription to the pharmacy and skip to #8.***
   ❑ Yes - sildenafil (generic), *skip to #8*
   ❑ No - Continue request for brand Revatio
   ❑ Not applicable - sildenafil (generic) is being prescribed, *skip to #8*
5. Has the patient failed treatment with the generic medication due to an intolerable adverse event (e.g., rash, nausea, vomiting)? ❑ Yes ❑ No
6. Was the intolerable adverse event an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the brand and generic medication)? ❑ Yes ❑ No
7. Was this adverse event documented in the patient's chart? ***ACTION REQUIRED: Documentation is required for approval. Provide SPECIFIC and DETAILED chart documentation including description, date/time, and severity of the adverse event, dosage and duration of generic medication treatment, required intervention (if any), and relevant tests or laboratory data (if any) OR MedWatch form of this trial and failure including the adverse reaction.*** ❑ Yes ❑ No
8. Is the request for continuation of therapy with the requested medication?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*
9. Is the patient currently receiving the requested medication through a paid pharmacy or medical benefit?

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

❑ Yes ❑ No ❑ Unknown *If No or Unknown, skip to diagnosis section.*

10. Is the patient experiencing a benefit from therapy with the requested medication as evidenced by disease stability or disease improvement? ❑ Yes ❑ No *No further questions*

***Complete the following section based on the patient's diagnosis, if applicable.***

Section A: Pulmonary Arterial Hypertension (PAH)

11. 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)

12. Has PAH been confirmed by right heart catheterization? ❑ Yes ❑ No *If No, skip to #16*

13. What is the pretreatment mean pulmonary arterial pressure at rest? _____ mmHg

14. What is the pretreatment pulmonary capillary wedge pressure? _____ mmHg

15. What is the pretreatment pulmonary vascular resistance? _____ Wood units *No further questions.*

16. Is the patient an infant less than one year of age? ❑ Yes ❑ No

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

Section B: Secondary Raynaud's Phenomenon

18. Has the patient had an inadequate response to one of the following medications?
    - ❑ Calcium channel blockers
    - ❑ Angiotensin receptor blockers
    - ❑ Selective serotonin reuptake inhibitors
    - ❑ Alpha blockers
    - ❑ Topical nitrates
    - ❑ None of the above

***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)**

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