



**Revatio/Adcirca
Prior Authorization Form**

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| Fax Completed Form to: 866-254-0761 For questions regarding this Prior authorization, call 866-773-0695 |
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| Prior Authorization Vendor for ND Medicaid |
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ND Medicaid requires that patients receiving Revatio or Adcirca must have a diagnosis of Pulmonary Arterial Hypertension based on WHO (Group I) Classification for Pulmonary Hypertension.

***Note:**

- *Patients taking Nitrates or Viagra/Levitra/Cialis will not receive a PA*

Part I: TO BE COMPLETED BY PRESCRIBER

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|--|--|-------------------------|------------------------------------|------------------------------|---------------------|
| Recipient Name | | Recipient Date of Birth | | Recipient Medicaid ID Number | |
| Prescriber Name | | | | | |
| Prescriber Medicaid Number | | | Telephone Number | | Fax Number |
| Address | | | City | | State Zip Code |
| Requested Drug and Dosage: <input type="checkbox"/> Revatio <input type="checkbox"/> Adcirca | | | Diagnosis for this request: | | |
| Qualifications for coverage: <input type="checkbox"/> Indication for the treatment of Pulmonary Arterial Hypertension (WHO Group I Classification) | | | | | |
| Prescriber Signature | | | | Date | |

Part II: TO BE COMPLETED BY PHARMACY

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|----------------|------------|------|------------------------------|--|--|
| PHARMACY NAME: | | | ND MEDICAID PROVIDER NUMBER: | | |
| PHONE NUMBER | FAX NUMBER | DRUG | NDC # | | |

Part III: FOR OFFICIAL USE ONLY

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|---|--|--|--|--------------|--|
| Date Received | | | | Initials: | |
| Approved - Effective dates of PA: From: / / To: / / | | | | Approved by: | |
| Denied: (Reasons) | | | | | |