

PRIOR AUTHORIZATION REQUEST FORM

Medicare Part D Uptravi

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note, any information left blank or illegible may delay the review process.

Patient Name:	Prescriber Name:
Member/Subscriber Number:	Supervising Physician:
Date of Birth:	Fax: Phone:
Group Number:	Office Contact:
Address:	NPI: State Lic ID:
City, State ZIP:	Address:
Primary Phone:	City, State ZIP:
	Specialty/facility name (if applicable):

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for (pick one)? <input type="checkbox"/> Pulmonary arterial hypertension - WHO group 1 <input type="checkbox"/> Pulmonary arterial hypertension - WHO group 2 <input type="checkbox"/> Pulmonary arterial hypertension - WHO group 3 <input type="checkbox"/> Pulmonary arterial hypertension - WHO group 4 <input type="checkbox"/> Pulmonary arterial hypertension - WHO group 5 <input type="checkbox"/> Other (Please specify)
Q2. Please provide ICD code(s) for diagnosis
Q3. Does the patient have a history of inadequate response, intolerance, or contraindication to a PDE5 inhibitor (i.e. Adcirca, Revatio) or Adempas? (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No

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Q4. Does the patient have a history of inadequate response, intolerance, or contraindication to an endothelin receptor antagonist (i.e. Letairis, Opsumit, or Tacleer)? (please specify)

Yes No

Q5. Additional Comments

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

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