OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: ***The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.***

Drug Requested: **Adcirca®** (tadalafil)

DRUG INFORMATION: Complete information below. Lines not completed will delay authorization process.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ ***ICD Code, if applicable:*** _____

CLINICAL CRITERIA: ALL lines below must be completed to qualify. Authorization process will be delayed if incomplete.

- ❑ Prescriber is a pulmonologist
- ❑ Clinical diagnosis of pulmonary arterial hypertension WHO group I
- ❑ Must be supported by documentation from medical records
- ❑ Not receiving organic nitrates either regularly or intermittently due to potentiation of the hypotensive effects
- ❑ **Must have tried and failed Revatio® (sildenafil citrate)**

Medication being provided by a Specialty Pharmacy (check applicable box below):

For Optima Commercial Members:

- ❑ **PropriumRx**

For Optima Family Care Members:

- ❑ **Sentara Norfolk General CM Pharmacy**

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee**: 1/21/2010
UPDATED: ~~6/6/2011~~; ~~8/11/2011~~; ~~4/8/2014~~; ~~8/8/2014~~; ~~9/23/2014~~; ~~11/6/2014~~; ~~5/21/2015~~; ~~12/24/2015~~; ~~4/21/2016~~; ~~5/4/2016~~; ~~8/8/2016~~; ~~9/22/2016~~; ~~12/11/2016~~; **7/31/2017**;