



Phone: 800-842-2015 Fax: 877-837-5922

PATIENT DATA	Last Name	First Name	Policy Number	Date of Birth	Age
REQUESTING PHYSICIAN DATA	Last Name	First Name	Contact Name	Fax Number ()	
BCBBSLA Provider Number	Area of Practice/Specialty	Name of Place of Treatment	Treatment Center Provider #	Phone Number ()	
BILLING DATA	Diagnosis Code(s) (ICD-9) 1) 2)		CPT-4/HCPCS Code	Other Codes	

DRUG INFORMATION

<input type="checkbox"/> ADCIRCA®	<input type="checkbox"/> REVATIO®	Dosage and Frequency	Anticipated Start Date
<input type="checkbox"/> FLOLAN®	<input type="checkbox"/> TRACLEER®		
<input type="checkbox"/> LETAIRIS®	<input type="checkbox"/> VENTAVIS®		
<input type="checkbox"/> REMODULIN®	<input type="checkbox"/> TYVASO®		
	<input type="checkbox"/> OTHER _____		

INDICATION / DIAGNOSIS

Pulmonary Arterial Hypertension

Other Indication _____

OTHER CLINICAL INFORMATION (Check ALL that apply)

Yes No Is the requested drug prescribed to treat sexual dysfunction?

Yes No Has the patient tried and failed any other medications for the diagnosis? If yes, specify _____

Yes No Is the patient currently taking nitrates (for example, Isordil [isosorbide dinitrate], Nitroglycerin, etc.)?

Yes No Will the patient be taking other drugs for the treatment of PAH in conjunction with the requested drug?

Yes No Will the patient be receiving the drug in the physician's office? If no, **list name** of servicing provider _____

List any other relevant clinical info if applicable: _____

PHYSICIAN SIGNATURE	DATE
_____ Prescribing Physician	_____

Note: On behalf of Blue Cross and Blue Shield of Louisiana, prior authorizations are administered by Express Scripts, Inc., an independent pharmacy benefit management company. Please note that the authorization is not a guarantee of payment. Payment is subject to the member's eligibility, benefits, and pre-existing condition limitations at the time the services are provided. We recommend you contact BCBBSLA at 800-922-8866 to verify benefits. The submitting provider certifies that the information contained herein is true, accurate, and complete and the requested services are medically necessary to the health of the patient.

Incomplete forms will not be processed