Levitra and Staxyn (vardenafil) Prior Authorization Request Form

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To be completed and signed by the prescriber.

MAIL ORDER and RETAIL		Please fax completed form back to: (207) 828-7816 Clinical Documentation must accompany form in order for a determination to be made.

This prior authorization has no expiration date.

[1] Authorizations for preservation/restoration after prostatectomy are valid for 1 year.

Step 1 **Please complete patient and physician information** (please print):

Patient Name: _____ Physician Name: _____

Address: _____ Address: _____

_____ _____

Sponsor ID # _____ Phone #: _____

Date of Birth: Secure Fax #:

Step 2 **Please consider the following:**

- Patients taking nitrates, either regularly or intermittently, should not receive PDE-5 inhibitors. Patients should be informed of the consequences should they initiate nitrate therapy while taking a PDE-5 inhibitor.
- Please see product labeling precautions for concurrent use with alpha blockers.

Step 3 **1. Please indicate the patient's gender.**

Female	Please go to **Section 1** for **Female patients** on this page
Male	Please go to **Section 2** for **Male patients** on page 2

Section 1 – Female patients

1. Is the PDE-5 inhibitor being prescribed for the treatment of sexual dysfunction?	Yes **Coverage not approved**	No Proceed to Question **2**
2. Is the PDE-5 inhibitor being prescribed for a diagnosis of pulmonary arterial hypertension (PAH)?	Yes **SKIP** to Question **4**	No Proceed to Question **3**
3. Is the PDE-5 inhibitor being prescribed for a diagnosis of Raynaud's phenomenon?	Yes Proceed to Question **4**	No **Coverage not approved**
4. What is the dosing regimen?		

Please go to Step 4 on Page 2.

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Section 2 – Male patients

1. Is vardenafil being prescribed for a diagnosis of pulmonary arterial hypertension (PAH)?	**Yes** **SKIP** to Question **9**	**No** Proceed to Question **2**
2. Is vardenafil being prescribed for treatment of Raynaud's phenomenon?	**Yes** **SKIP** to Question **9**	**No** Proceed to Question **3**
3. Is vardenafil being prescribed for preservation/restoration of erectile function after prostatectomy?	**Yes** **SKIP** to Question **9**[1]	**No** Proceed to Question **4**
4. Is the patient 40 years of age or older?	**Yes** **SKIP** to Question **6**	**No** Proceed to Question **5**
5. Is vardenafil being prescribed for the treatment of erectile dysfunction (ED) of organic origin or mixed organic/psychogenic origin, or drug-induced ED where the causative drug cannot be altered or discontinued?	**Yes** Proceed to Question **6**	**No** **STOP** **Coverage not approved**
6. Has the patient tried Viagra (sildenafil) and had an inadequate response?	**Yes** **Sign and date below**	**No** Proceed to Question **7**
7. Has the patient tried Viagra (sildenafil) but was unable to tolerate it due to adverse effects?	**Yes** **Sign and date below**	**No** Proceed to Question **8**
8. Is treatment with Viagra (sildenafil) contraindicated?	**Yes** **Sign and date below**	**No** **Coverage not approved**
9. What is the dosing regimen? **Please sign and date below**		

Step 4

I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

Prescriber signature _____ Date _____