



**Letairis**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
-------------	------------

**SECTION A** Please answer the following questions

1.     Yes     No    Is the indication or diagnosis for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) in patients with WHO Functional Class II-III symptoms?
2.     Yes     No    Is the member a female of reproductive potential? *(If No, skip to question 4.)*
3.     Yes     No    Is the member pregnant?
4.     Yes     No    Is Letairis being prescribed by a Pulmonologist or Cardiologist?
5.     Yes     No    Will baseline hemoglobin be performed prior to the initiation of Letairis?  
*Please document baseline hemoglobin level:*  
\_\_\_\_\_
6.     Yes     No    Has the member tried sildenafil citrate for the current condition prior to the initiation of Letairis (or is the medication likely to be ineffective or likely to cause an allergy/adverse reaction or other harm to the member)?

***Please document the symptoms and/or any other information important to this review:***

---

---

---

---

---

---

**SECTION B**    Physician Signature

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>