

# Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

## Adcirca<sup>®</sup> (tadalafil)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request  Continuation request

Drug product:  Adcirca 20 mg tablet  
 Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency\*: \_\_\_\_\_

\*Adcirca is limited to 40 mg daily

### Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Must be age 18 years or older
2. Must be used for treatment of:
  - a. pulmonary arterial hypertension (PAH), which meets World Health Organization (WHO) Group 1 criteria, or
  - b. Treatment of secondary Raynaud's phenomenon

### Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and the USPDI or its successor.)

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**Priority Health Precertification Documentation**

**A. What is the patient's diagnosis?**

- Pulmonary arterial hypertension
- Secondary Raynaud's phenomenon
- Other – the patient's condition is: \_\_\_\_\_

**B. For treatment of PAH, what is the patient's WHO Group classification?**

- Group 1, which includes:
  - Idiopathic PAH
  - Heritable (i.e. BMPR2; ALK1, endoglin; unknown)
  - Drug or toxin-induced
  - Associated with: connective tissue disorder, HIV, portal hypertension, congenital heart disease, schistosomiasis, or chronic hemolytic anemia
  - Persistent pulmonary hypertension of the newborn
- Group 2
- Group 3
- Group 4
- Group 5

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**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**  Yes  No  
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would Adcirca likely be the most effective option for this patient?**

Yes  No

If yes, please explain why: \_\_\_\_\_

**If the patient is currently using Adcirca, would changing the patient's current regimen likely result in adverse effects for the patient?**

Yes  No

If yes, please explain: \_\_\_\_\_