

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**
 Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

tadalafil & Adcirca[®]

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 tadalafil 20mg tablet
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency*: _____

*Adcirca/tadalafil is limited to 40 mg daily

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be age 18 years or older
2. Must be used for treatment of pulmonary arterial hypertension (PAH)
3. PAH meets World Health Organization (WHO) Group 1 criteria
4. Must first try sildenafil (generic for Revatio[®])

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

- A. What is the patient's diagnosis?**
 Pulmonary arterial hypertension
 Other – rationale for use: _____
- B. What World Health Organization classification of pulmonary arterial hypertension does this patient have?**
 Group 1 Group 2 Group 3 Group 4 Group 5
- C. Has the patient tried sildenafil (generic for Revatio[®])?**
 Yes No – rationale for use: _____

Additional information

The World Health Organization divides pulmonary hypertension into five groups based on the cause of the condition and its treatment options. Group 1 is called pulmonary **arterial** hypertension and groups 2-5 are called pulmonary hypertension. Below is a listing of various conditions and how they are classified by the World Health Organization.

Group 1 pulmonary arterial hypertension includes:

- No known cause
- Inherited
- Caused by drugs or toxins
- Connective tissues diseases
- HIV infection
- Liver disease
- Congenital heart disease
- Sickle cell disease
- Schistosomiasis
- Conditions that affect the veins and small blood vessels of the lungs

Group 2 pulmonary hypertension includes:

- Conditions that affect the left side of the heart (e.g. mitral valve disease, long-term high blood pressure)

Group 3 pulmonary hypertension includes:

- Lung diseases such: COPD or Interstitial lung disease

Group 4 pulmonary hypertension includes:

- Blood clots in the lungs
- Blood clotting disorders

Group 5 pulmonary hypertension includes:

- Various other conditions, including:
 - Blood disorders, such as polycythemia vera and essential thrombocythemia
 - Systemic disorders, such as sarcoidosis and vasculitis
 - Metabolic disorders, such as thyroid disease and glycogen storage disease
- Other conditions, such as tumors that press on the pulmonary arteries and kidney disease