

**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.

**Adempas<sup>®</sup>** (riociguat)

**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:  Adempas 0.5 mg tablet  Adempas 1 mg tablet  Adempas 1.5 mg tablet  Adempas 2 mg tablet  Adempas 2.5 mg tablet

Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

**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 have chronic thromboembolic pulmonary hypertension (World Health Organization Group 4)
2. —or— Must have pulmonary arterial hypertension (World Health Organization Group 1) and patients not previously treated for pulmonary arterial hypertension must first try sildenafil (generic Revatio)

**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 and the DRUGDEX Information System.)

**Priority Health Precertification Documentation**

**A. What condition is this drug being requested for?**

- Chronic thromboembolic pulmonary hypertension (CTEPH)
- Pulmonary arterial hypertension
- Other – the patient’s condition is: \_\_\_\_\_

**B. What World Health Organization Group category does this patient’s clinical classification belong to?**

- Group 1     Group 2     Group 3     Group 4     Group 5

**C. What other drug treatments has the patient used for pulmonary arterial hypertension?**

Drug name: \_\_\_\_\_  
 Drug name: \_\_\_\_\_  
 Drug name: \_\_\_\_\_

**D. Did the patient try sildenafil (generic Revatio)?**

- Yes     No

**Additional information**

WHO Group	Clinical classification	Etiology
1	Pulmonary arterial hypertension	<ul style="list-style-type: none"> <li>▪ Idiopathic, familial, congenital heart abnormalities</li> <li>▪ Connective tissue disorder</li> <li>▪ Portal hypertension</li> <li>▪ HIV</li> <li>▪ Anorexigen-induced PAH</li> </ul>
2	Pulmonary hypertension associated with left-sided heart disease	
3	Pulmonary hypertension associated with lung diseases or hypoxemia	
4	Chronic thromboembolic pulmonary hypertension	
5	Pulmonary hypertension with miscellaneous etiology	

**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 Adempas likely be the most effective option for this patient?**

- Yes     No

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

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

- Yes     No

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