

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.

Sildenafil 20 mg tablet

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 and Billing Information

☐ New request ☐ Continuation request

Drug product: ☐ Sildenafil 20 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Prior authorization criteria

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. Diagnosis of pulmonary arterial hypertension to improve exercise capacity and delay clinical worsening
2. World Health Organization group 1 classification of pulmonary arterial hypertension

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Pulmonary arterial hypertension

☐ Other, the patient's condition is: _____

B. What World Health Organization classification of pulmonary arterial hypertension does this patient have?

☐ Group 1 ☐ Group 2 ☐ Group 3 ☐ Group 4 ☐ Group 5

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