

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)

Sildenafil 20 mg tablet (generic Revatio)

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

Drug product: Sildenafil 20 mg tablet
 Revatio 10 mg/12.5 mg suspension

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

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

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
3. Must submit medical record for pulmonary arterial hypertension (PAH)

Note: Authorization for indications 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 drug's use for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Pulmonary arterial hypertension
 Other – the patient's condition is: _____
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

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 description of the World Health Organization classifications.

| WHO Group | Clinical classification | Etiology |
|-----------|---|--|
| 1 | Pulmonary arterial hypertension | <ul style="list-style-type: none"> ▪ Idiopathic, familial, congenital heart abnormalities ▪ Connective tissue disorder ▪ Portal hypertension ▪ HIV ▪ Anorexigen-induced PAH |
| 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 | |