

## 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.

## 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, 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 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"> <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                |  |