

Priority Health Medicare Prior Authorization Criteria (Part D)

Adcirca®

Products affected

- Adcirca®

Details

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| Covered uses | All medically accepted indications not otherwise excluded from Part D. |
| Exclusion criteria | N/A |
| Required medical information | N/A |
| Age restrictions | N/A |
| Prescriber restrictions | N/A |
| Coverage duration | One year |
| Other criteria | Patient must have a pulmonary arterial hypertension (PAH) classification that meets World Health Organization (WHO) Group 1 criteria. |