

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Adempas®

#### Products affected

- Adempas®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	For chronic thromboembolic pulmonary hypertension, must be in World Health Organization Group 4. For pulmonary arterial hypertension, must be in World Health Organization Group 1, and patients not previously treated for pulmonary arterial hypertension must first try sildenafil (generic Revatio).