

Priority Health Medicare Prior Authorization Criteria (Part D)

Sildenafil Citrate

Products affected

- Sildenafil TABS

Details

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.