

PHOSPHODIESTERASE 5 INHIBITORS PA SUMMARY

PREFERRED	Adcirca
NON-PREFERRED	Revatio

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Preferred and non-preferred products require prior authorization.

PA CRITERIA:

- ❖ Approvable for the diagnosis of pulmonary arterial hypertension
- ❖ Requests for Revatio require physician to submit documentation of allergies, contraindications, drug-drug interactions, a history of intolerable side effects, or ineffectiveness to Adcirca.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.