

POLICY NAME	Pulmonary Arterial Hypertension Products	POLICY #	3246P
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Criteria

Coverage Criteria

- ☐ Diagnosis of pulmonary arterial hypertension (PAH) with a resting (≥ 20 mmHg) mean pulmonary artery pressure (mPAP) and pulmonary vascular resistance (PVR) ≥ 2 wood units confirmed by right heart catheterization or echocardiography
- ☐ Prescribed by or in consultation with a Pulmonologist (lung doctor) or Cardiologist (heart doctor)
- ☐ World Health Organization (WHO) Group 1 with Functional Class II or III symptoms
 - Epoprostenol products, Tyvaso and Ventavis are only approved in patients with Functional Class III or IV symptoms
 - Remodulin/Treprostinil and Tracleer are also approved in patients with Functional Class IV symptoms
- ☐ Age 18 years or older (age 1 year or older for sildenafil, age 3 years or older for Tracleer)
- ☐ Documented previous failure of or contraindication to a calcium channel blocker (CCB) if testing reveals vasoreactivity
- ☐ Coverage of any brand product requires a documented allergic reaction to the equivalent generic
 - Revatio – sildenafil
 - Adcirca – tadalafil
 - Flolan/Veletri – epoprostenol
 - Remodulin – treprostinil
 - Letairis – ambrisentan
 - Tracleer – bosentan
- ☐ Coverage of Opsumit/Opsynvi requires a documented previous failure of or contraindication to ambrisentan (generic Letairis)

Exclusion Criteria – Any of the following prevents coverage

- ☐ Pregnancy
- ☐ Multiple medications within the same therapeutic class will not be covered simultaneously as this is a duplication of therapy