Health Alliance™

Pharmacy Drug Policy Checklist

POLICY NAME	Pulmonary Arterial Hypertension Products	POLICY #	

Criteria

Exclusion Criteria – Any of the following prevents coverage

☐ **2.1** Pregnancy

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

Coverage Criteria

☐ **1.1** 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

☐ **1.2** Prescribed by or in consultation with a Pulmonologist (lung doctor) or Cardiologist (heart doctor)

☐ **1.3** 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

☐ **1.4** Age 18 years or older (age 1 year or older for sildenafil, age 3 years or older for Tracleer)

☐ **1.5** Documented previous failure of or contraindication to a calcium channel blocker (CCB) if testing reveals vasoreactivity

☐ **1.6** Coverage of any brand product requires a documented allergic reaction to the equivalent generic
- Revatio – sildenafil
- Adcirca – tadalafil
- Flolan/Veletri – epoprostenol
- Remodulin – tresprostinil
- Letairis – ambrisentan
- Tracleer – bosentan

☐ **1.7** Coverage of Opsumit/Opsynvi requires a documented previous failure of or contraindication to ambrisentan (generic Letairis)