

<b>POLICY NAME</b>	Pulmonary Arterial Hypertension Products	<b>POLICY #</b>	<b>3246P</b>
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## Criteria

### Coverage Criteria

- ☐ **1.1** Diagnosis of pulmonary arterial hypertension (PAH) with a resting ( $\geq 20$  mmHg) mean pulmonary artery pressure (mPAP) and pulmonary vascular resistance (PVR)  $\geq 2$  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)

### 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