**Cardiovascular Agents- Pulmonary Arterial Hypertension**

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| Criteria 1 | Preferred Products- Ambrisentan, Sildenafil, Tadalafil, Tracleer Tab (BvG) |
| Criteria 2 | Sildenafil Susp (P, AR, PA), Tadliq (P, AR, PA) |
| Criteria 3 | NP products- Adempas, Bosentan (Tracleer Tab is P, BvG, PA), Epoprostenol, Opsumit, Orenitram, Tracleer Susp, Treprostonil, Tyvaso, Uptravi, Ventavis |

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| **Criteria Title** | CardiovascularAgents: Pulmonary Arterial Hypertension | | |
| **Criteria Subtitle** | Preferred Products | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**     |  |  | | --- | --- | | Preferred | X | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| AMBRISENTAN | 062792 | GCNSeqNo |
| AMBRISENTAN | 062793 | GCNSeqNo |
| SILDENAFIL | 059211 | GCNSeqNo |
| TADALAFIL | 065368 | GCNSeqNo |
| TRACLEER TAB | 048987 | GCNSeqNo |
| TRACLEER TAB | 048988 | GCNSeqNo |

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| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 1001 |  | Select and Free Text | Has the patient taken the drug in the previous 120 days?  If yes, please submit documentation of recent use. | Y | END (Pending Manual Review) |
| N | 1002 |
| 2 | 1002 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1003 |
| Continuation (re-authorization request) | 1234 |
| 3 | 1003 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1004 |
| N | 1235 |
| 4 | 1004 |  | Select | Is the request for inhalation or intravenous agent? | Y | 1005 |
| N | 1006 |
| 5 | 1005 |  | Select | Does the patient have class III or IV symptoms defined by the New York Heart Association (NYHA) Functional Class for  Pulmonary Hypertension? | Y | END (Pending Manual Review) |
| N | 1235 |
| 6 | 1006 |  | Select and Free Text | Has the provider submitted documentation of New York Heart Association (NYHA) Functional Class for Pulmonary Hypertension and symptoms experienced by patient? | Y | END (Pending Manual Review) |
| N | 1235 |
| 7 | 1234 |  | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | Y | END (Pending Manual Review) |
| N | 1235 |
| 8 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| **Last Approved** | 8/22/2023 |
| **Other** |  |

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| **Criteria Title** | | | CardiovascularAgents: Pulmonary Arterial Hypertension | | | | | | |
| **Criteria Subtitle** | | | Sildenafil Susp, Tadliq | | | | | | |
| **Approval Level** | | | GCNSeqNo | | | | | | |
| **Products**     |  |  | | --- | --- | | Preferred | X | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | | | Drug Name | | | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) | | |
| SILDENAFIL SUSP | | | 069921 | GCNSeqNo | | |
| TADLIQ | | | 083592 | GCNSeqNo | | |
| **Sequence Number** | **Question ID** | **Default Next Question ID** | | **Question Type** | **Question Text** | | | **Choice Text** | **Next Question ID** | |
| 1 | 1001 |  | | Select and Free Text | Has the patient taken the drug in the previous 120 days?  If yes, please submit documentation of recent use. | | | Y | END (Pending Manual Review) | |
| N | 1002 | |
| 2 | 1002 |  | | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | | | New Start (initial authorization request) | 1003 | |
| Continuation (re-authorization request) | 1234 | |
| 3 | 1003 |  | | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | | | Y | 1004 | |
| N | 1235 | |
| 4 | 1004 |  | | Select and Free Text | Has the provider submitted documentation of New York Heart Association (NYHA) Functional Class for Pulmonary Hypertension and symptoms experienced by patient? | | | Y | 1005 | |
| N | 1235 | |
| 5 | 1005 |  | | Select | What product is being requested? | | | Sildenafil Susp | 1006 | |
| Tadliq | 1008 | |
| Other | 1235 | |
| 6 | 1006 |  | | Select | Is the patient 18 years and older? | | | Y | 1007 | |
| N | END (Pending Manual Review) | |
| 7 | 1007 |  | | Select and Free Text | Is the patient unable to swallow a standard tablet and/or capsule formulation?  If yes, please submit documentation. | | | Y | END (Pending Manual Review) | |
| N | 1235 | |
| 8 | 1008 |  | | Select | Is the patient younger than 18 years? | | | Y | 1235 | |
| N | END (Pending Manual Review) | |
| 9 | 1234 |  | | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | | | Y | END (Pending Manual Review) | |
| N | 1235 | |
| 10 | 1235 |  | | Free Text | Please provide the rationale for the medication being requested. | | | END (Pending Manual Review) | | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| **Last Approved** | 8/22/2023 |
| **Other** |  |

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| **Criteria Title** | CardiovascularAgents: Pulmonary Arterial Hypertension | | |
| **Criteria Subtitle** | Non-Preferred Products | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**     |  |  | | --- | --- | | Preferred |  | | Non-Preferred | X | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ADEMPAS | 071525 | GCNSeqNo |
| ADEMPAS | 071526 | GCNSeqNo |
| ADEMPAS | 071527 | GCNSeqNo |
| ADEMPAS | 071528 | GCNSeqNo |
| ADEMPAS | 071529 | GCNSeqNo |
| BOSENTAN | 048987 | GCNSeqNo |
| BOSENTAN | 048988 | GCNSeqNo |
| EPOPROSTENOL | 067588 | GCNSeqNo |
| EPOPROSTENOL | 069964 | GCNSeqNo |
| EPOPROSTENOL | 017608 | GCNSeqNo |
| EPOPROSTENOL | 024472 | GCNSeqNo |
| OPSUMIT | 071567 | GCNSeqNo |
| ORENITRAM | 071807 | GCNSeqNo |
| ORENITRAM | 071808 | GCNSeqNo |
| ORENITRAM | 071809 | GCNSeqNo |
| ORENITRAM | 071810 | GCNSeqNo |
| ORENITRAM | 077482 | GCNSeqNo |
| TRACLEER SUSP | 077706 | GCNSeqNo |
| TREPROSTINIL | 071807 | GCNSeqNo |
| TREPROSTINIL | 071808 | GCNSeqNo |
| TREPROSTINIL | 071809 | GCNSeqNo |
| TREPROSTINIL | 071810 | GCNSeqNo |
| TREPROSTINIL | 077482 | GCNSeqNo |
| TREPROSTINIL | 050408 | GCNSeqNo |
| TREPROSTINIL | 050409 | GCNSeqNo |
| TREPROSTINIL | 050410 | GCNSeqNo |
| TREPROSTINIL | 050411 | GCNSeqNo |
| TREPROSTINIL | 065501 | GCNSeqNo |
| TREPROSTINIL | 065500 | GCNSeqNo |
| TYVASO | 065502 | GCNSeqNo |
| TYVASO | 083419 | GCNSeqNo |
| TYVASO | 083420 | GCNSeqNo |
| TYVASO | 083421 | GCNSeqNo |
| TYVASO | 083422 | GCNSeqNo |
| TYVASO | 083425 | GCNSeqNo |
| TYVASO | 083430 | GCNSeqNo |
| TYVASO | 083431 | GCNSeqNo |
| UPTRAVI | 075312 | GCNSeqNo |
| UPTRAVI | 075313 | GCNSeqNo |
| UPTRAVI | 075314 | GCNSeqNo |
| UPTRAVI | 075315 | GCNSeqNo |
| UPTRAVI | 075316 | GCNSeqNo |
| UPTRAVI | 075317 | GCNSeqNo |
| UPTRAVI | 075318 | GCNSeqNo |
| UPTRAVI | 075319 | GCNSeqNo |
| UPTRAVI | 075321 | GCNSeqNo |
| UPTRAVI | 082563 | GCNSeqNo |
| VENTAVIS | 060297 | GCNSeqNo |
| VENTAVIS | 065483 | GCNSeqNo |

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| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 1001 |  | Select and Free Text | Has the patient taken the drug in the previous 120 days?  If yes, please submit documentation of recent use. | Y | END (Pending Manual Review) |
| N | 1002 |
| 2 | 1002 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1003 |
| Continuation (re-authorization request) | 1234 |
| 3 | 1003 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1004 |
| N | 1235 |
| 4 | 1004 |  | Select and Free Text | Has the patient had an inadequate clinical response of at least 30 days with at least two preferred drugs, one of which must be a phosphodiesterase-5 inhibitor?  If yes, please submit the medication trials and dates. | Y | 1006 |
| N | 1005 |
| 5 | 1005 |  | Select and Free Text | Has the provider submitted documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances)?  If yes, please submit the medication name and reason for inability to use. | Y | 1006 |
| N | 1236 |
| 6 | 1006 |  | Select | Is this request for generic bosentan? | Y | 1007 |
| N | 1008 |
| 7 | 1007 |  | Select and Free Text | Has the brand medication been attempted and failed or is the brand medication contraindicated?  If yes, please submit documentation. | Y | 1010 |
| N | 1235 |
| 8 | 1008 |  | Select | Is the request for inhalation or intravenous agents? | Y | 1009 |
| N | 1010 |
| 9 | 1009 |  | Select | Does the patient have class III or IV symptoms defined by the New York Heart Association (NYHA) Functional Class for  Pulmonary Hypertension? | Y | END (Pending Manual Review) |
| N | 1235 |
| 10 | 1010 |  | Select and Free Text | Has the provider submitted documentation of New York Heart Association (NYHA) Functional Class for Pulmonary Hypertension and symptoms experienced by patient? | Y | 1011 |
| N | 1235 |
| 11 | 1011 |  | Select | Is the request for any of the following:  1) a nonsolid oral dosage formulation  2) a non-preferred extended release formulation  3) a non-preferred brand name that has a preferred generic product | Y | 1012 |
| N | END (Pending Manual Review) |
| 12 | 1012 |  | Select and Free Text | Has the provider submitted documentation of medical necessity for the requested product (i.e. medical reasons for why the patient cannot be changed to a solid oral dosage formulation, inadequate clinical response with a product’s immediate release formulation, or inadequate clinical response or allergy of two or more generic labelers)? | Y | END (Pending Manual Review) |
| N | 1235 |
| 13 | 1234 |  | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | Y | END (Pending Manual Review) |
| N | 1235 |
| 14 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |
| 15 | 1236 |  | Free Text | Please explain the reason(s) why the patient is unable to use medications not requiring prior approval. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| **Last Approved** | 8/22/2023 |
| **Other** |  |