



**GEORGIA MEDICAID FEE-FOR-SERVICE
PULMONARY ARTERY HYPERTENSION (PAH) AGENTS PA SUMMARY**

Preferred	Non-Preferred
Ambrisentan generic Epoprostenol injection generic (generic Flolan) Sildenafil 20 mg tablets generic* Tadalafil 20 mg tablets generic* Tracleer (bosentan tablets) Ventavis (iloprost solution for oral inhalation)*	Adempas (riociguat) Epoprostenol injection generic (generic Veletri) Flolan (epoprostenol injection) Liqrev (sildenafil oral suspension) Opsumit (macitentan) Orenitram (treprostinil extended-release tablets) Remodulin (treprostinil injection) Revatio Suspension (sildenafil powder for oral suspension) Tadliq (tadalafil oral suspension) Tracleer (bosentan tablet for oral suspension) Tyvaso (treprostinil solution for oral inhalation) Tyvaso DPI (treprostinil powder for oral inhalation) Uptravi (selexipag)

*Preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- Sildenafil 20 mg tablets generic, tadalafil 20 mg tablets generic and Ventavis are preferred but require prior authorization.
- Starter/titration kits/packs are only approvable for one time only for new starts (members being titrated on therapy).

PA CRITERIA:

Adempas

- ❖ Approvable for members with a diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist

AND

- ❖ Members with WHO/NYHA Functional Class II or III symptoms must have experienced an inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio) or tadalafil (Adcirca)

OR

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.
- ❖ Approvable for members with a diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH) who have failed or are not candidates for surgical treatment and are under the care or referral of a cardiologist or pulmonologist.

Flolan and Epoprostenol Generic (generic Veletri)



- ❖ For members with a diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic epoprostenol (generic Flolan), is not appropriate for the member.

Opsumit

- ❖ Approvable for members with a diagnosis of pulmonary arterial hypertension (PAH) who are under the care or referral of a cardiologist or pulmonologist

AND

- ❖ Members with World Health Organization (WHO)/New York Heart Association (NYHA) Functional Class II or III symptoms must have experienced an inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio) or tadalafil (Adcirca)

OR

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Orenitram and Uptravi

- ❖ Approvable for members with a diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist

AND

- ❖ Members with WHO/NYHA Functional Class II or III symptoms must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio) or tadalafil (Adcirca)

OR

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Remodulin

- ❖ Approvable for members with a diagnosis of PAH with WHO/NYHA Functional Class II symptoms who are under the care or referral of a cardiologist or pulmonologist.
- ❖ Approvable for members with a diagnosis of PAH with WHO/NYHA Functional Class III or IV symptoms who are under the care or referral of a cardiologist or pulmonologist and have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Revatio Suspension, Sildenafil 20 mg Tablets Generic, Tadalafil 20 mg Tablets Generic, Liqrev and Tadliq

- ❖ Approvable for members with a diagnosis of PAH with WHO/NYHA Functional Class II or III symptoms who are under the care or referral of a cardiologist or pulmonologist.
- ❖ Approvable for members with a diagnosis of PAH with WHO/NYHA Functional Class IV symptoms who are under the care or referral of a cardiologist or pulmonologist and have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.



- ❖ In addition for Revatio Suspension, members must be unable to swallow solid oral dosage formulations (i.e., tablet, capsule) or must require a dose that cannot be obtained from sildenafil 20 mg tablets (Revatio), otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic sildenafil 20 mg tablets and generic tadalafil 20 mg tablets, are not appropriate for the member.
- ❖ In addition for Liquev, members must be unable to swallow solid oral dosage formulations (i.e., tablet, capsule) or must require a dose that cannot be obtained from sildenafil 20 mg tablets as well as experienced an inadequate response to Revatio Suspension (sildenafil), otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic sildenafil 20 mg tablets and generic tadalafil 20 mg tablets are not appropriate for the member.
- ❖ In addition for Tadliq, members must be unable to swallow solid oral dosage formulations (i.e., tablet, capsule) or must require a dose that cannot be obtained from tadalafil 20 mg tablets as well as experienced an inadequate response, allergy contraindication, drug-drug interaction or intolerable side effect to Revatio Suspension (sildenafil), otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic sildenafil 20 mg tablets and generic tadalafil 20 mg tablets, are not appropriate for the member.

Tracleer for Oral Suspension

- ❖ Approvable for members 3 to 12 years of age who weigh 4 to 40 kg with a diagnosis of PAH with WHO/NYHA Functional Class II, III or IV symptoms who are under the care or referral of a cardiologist or pulmonologist.

Tyvaso and Tyvaso DPI

- ❖ Approvable for members with a diagnosis of pulmonary hypertension associated with interstitial lung disease (PH-ILD) who are under the care or referral of a cardiologist or pulmonologist.
- ❖ Approvable for members with a diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist

AND

- ❖ Members with WHO/NYHA Functional Class III symptoms must have experienced inadequate response, allergy contraindication, drug-drug interaction, or intolerable side effect to iloprost (Ventavis)

OR

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Ventavis

- ❖ Approvable for members with a diagnosis of PAH with WHO/NYHA Functional Class III symptoms who are under the care or referral of a cardiologist or pulmonologist.
- ❖ Approvable for members with diagnosis of PAH with WHO/NYHA Functional Class IV symptoms who are under the care or referral of a cardiologist or pulmonologist and have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

EXCEPTIONS:



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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.