



## GEORGIA MEDICAID FEE-FOR-SERVICE PULMONARY ARTERY HYPERTENSION AGENTS PA SUMMARY

Preferred	Non-Preferred
Epoprostenol generic Letairis (ambrisentan) Sildenafil tablets generic* Tracleer (bosentan tablets) Ventavis (iloprost for inhalation)*	Adcirca (tadalafil) Adempas (riociguat) Flolan (epoprostenol) Opsumit (macitentan) Orenitram (treprostinil tablets) Remodulin (treprostinil for injection) Revatio suspension (sildenafil) Tracleer (bosentan tablet for oral suspension) Tyvaso (treprostinil for inhalation) Uptravi (selexipag) Veletri (epoprostenol)

\*Preferred agents that require prior authorization.

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*Adcirca, 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 ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio)

*OR*

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

*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 ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio)

*OR*

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced ineffectiveness, 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 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, is not appropriate for the member.

*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 ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to ambrisentan (Letairis) or bosentan (Tracleer) and sildenafil (Revatio)

*OR*

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

*Revatio Suspension, Sildenafil Tablets Generic*

- ❖ 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 ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.
- ❖ For members less than 18 years of age, prescribers should be aware that the FDA recommends against the off-label use of sildenafil (Revatio) in children and adolescents unless the benefits outweigh the risks.
- ❖ In addition for Revatio Suspension, members must be unable to swallow solid oral dosage forms (i.e., tablet, capsule) or must require a dose that cannot be obtained from sildenafil tablets, otherwise, prescriber must submit a written



letter of medical necessity stating the reasons the preferred product, generic sildenafil tablets, is 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*

- ❖ 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 ineffectiveness, allergy contraindication, drug-drug interaction, or intolerable side effect to iloprost (Ventavis)

*OR*

- ❖ Members with WHO/NYHA Functional Class IV symptoms must have experienced ineffectiveness, 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 ineffectiveness, 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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on



Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.