



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January, 2010 May 2, 2011; June 8, 2012; December 10, 2013, March 5, 2015, March 19, 2015, May 22, 2015, November 25, 2015, February 19, 2016

## **PULMONARY HYPERTENSION AGENTS**

- **ORAL:**
  - **Clinical PA required:** Adcirca<sup>®</sup>(tadalafil)/ Adempas<sup>®</sup>(riociguat)/ Letairis<sup>®</sup>(ambrisentan)/ Orenitram<sup>®</sup>(treprostinil)/ Opsumit<sup>®</sup>(macitentan)/ Revatio<sup>®</sup>(sildenafil)/ Tracleer<sup>®</sup>(bosentan)/ Uptravi<sup>®</sup>(selexipag)
- **INHALED:**
  - **Clinical PA required:** Tyvaso<sup>®</sup>(treprostinil)/ Ventavis<sup>®</sup>(iloprost)
- **INJECTABLES:**
  - **Non-preferred** - Flolan<sup>®</sup>(epoprostenol) / Remodulin<sup>®</sup>(treprostinil)/ Veletri<sup>®</sup>(epoprostenol)
  - **Preferred** - Epoprostenol (generic)

**LENGTH OF AUTHORIZATION:** UP TO ONE YEAR

### **REVIEW CRITERIA:**

For treatment of pulmonary hypertension:

- Diagnosis must be verified in patient diagnosis code(s) or supporting documentation.
- Verify that medication is prescribed by a related specialist.
- Requests for Viagra (sildenafil) must be redirected to Revatio (sildenafil).
- Requests for Cialis (tadalafil) must be redirected to Adcirca (tadalafil).
- Trial of Ventavis is required prior to consideration of Tyvaso.
- Trial of preferred Epoprostenol is required prior to consideration of the non-preferred agents.

### **ADDITIONAL INFORMATION:**

**Florida Medicaid does not cover treatment for Erectile Dysfunction (ED). Sildenafil (generic name for Revatio) or Tadalafil (generic name for Adcirca) are covered for Pulmonary Hypertension, only with a prior authorization.**