

Generic Name: Adcirca (tadalafil), Adempas (riociguat), Alyq (tadalafil), ambrisentan (generic), bosentan (generic), epoprostenol solution (generic), Letairis (ambrisentan), Macitentan (opsumit), Macitentan-Tadalafil (opsynvi), Orenitram (treprostinil), Remodulin (treprostinil), Revatio (sildenafil), sildenafil (generic), tadalafil (generic), Tadliq (Tadalafil), Tracleer (bosentan), treprostinil solution (generic), Tyvaso (treprostinil), Tyvaso DPI (treprostinil), Uptravi (selexipag), Winrevair TM (sotatercept-csrk), Yutrepia TM (treprostinil)

Preferred Sildenafil (generic), Tadalafil (generic), Ambrisentan (generic), Bosentan (generic), Treprostinil solution (generic)

Non-preferred: Sildenafil (Revatio), Tadalafil (Adcirca, Alyq, Tadliq) Ambrisentan (Letairis), Bosentan (Tracleer), Macitentan (Opsumit), Macitentan-Tadalafil (Opsynvi) Riociguat (Adempas), Selexipag (Uptravi), Sotatercept-csrk (Winrevair TM), Treprostinil (Remodulin, Tyvaso, Tyvaso DPI, Orenitram, Yutrepia TM)

Date of Origin: 5/12/2024

Date Last Reviewed / Revised: 5/5/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I-VI are met)

- I. WHO Group I (Pulmonary Arterial Hypertension)
 - A. Documented diagnosis of Pulmonary Arterial Hypertension (PAH) AND meets criteria A through D:
 - B. Classification of World Health Organization (WHO) PAH Group I - idiopathic, heritable, drug-induced, connective-tissue disease-associated, or after shunt correction.
 - C. Documentation of right heart catheterization demonstrating 1 through 3:
 - i. Mean pulmonary artery pressure (mPAP) $\geq$ 20 mmHg
 - ii. Pulmonary capillary wedge pressure (PCWP) $\leq$ 15 mmHg
 - iii. Pulmonary vascular resistance (PVR) $>$ 2 Wood units
 - D. WHO functional class II to IV symptoms. Refer to appendix.
- II. Combination therapy indicated for those when following criteria are met:
 - A. Documented WHO functional class II to IV symptoms
 - B. Failed response to calcium channel blocker (CCB) or not candidate for CCB due to negative vasoreactivity testing
 - C. Medications are from different therapeutic classes
- III. The medication is prescribed by or in consultation with a cardiologist or pulmonologist.
- IV. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).
- V. Documented diagnosis of pulmonary hypertension AND the requested medication is used for an FDA-approved indication, or use is supported by current clinical practice guidelines. Refer to Table 1 for medication specific criteria.

VI. The patient has no known contraindication to the requested agent.

EXCLUSION CRITERIA

- Co-administration with drugs or conditions not recommended per the FDA package labeling or current clinical practice guidelines.
- Medication specific treatment exclusion as noted in Table 1.
- Treatment Naïve:
 - Initial combination therapy with macitentan, tadalafil, and selexipag is not recommended
- Riociguat in combination with a PDE5i
- Bosentan in combination with sildenafil

OTHER CRITERIA

Table 1

Agents	Medication Specific Criteria	Dosing Limits
Phosphodiesterase 5 inhibitors: Sildenafil (Revatio®) Tadalafil (Adcirca®, Alyq®, Tadalafil®)	Indication: • PAH (WHO group 1) Criteria: • WHO FC I-IV • Treatment naïve • Combination with ERA preferred in those without cardiopulmonary^ comorbidities • May be monotherapy in those with cardiopulmonary^ comorbidities Exclusion: • Taking nitrates or riociguat (soluble guanylate cyclase) • CrCl <30 ml/min, HD, PD • Severe hepatic impairment (Child pugh class C) • Aortic/mitral valve disease, life threatening arrhythmias, hypotension (<90/50 mmHg), uncontrolled hypertension, left ventricular dysfunction, pericardial constriction, cardiomyopathy, symptomatic coronary artery disease • Hereditary degenerative retinal disorders • Peptic ulcer disease • Pulmonary veno-occlusive disease	Sildenafil: Max of 80 mg TID (270 tabs per 30 days) Tadalafil: 20 or 40 mg daily (30 tablets for 30 days)
Endothelin Receptor Antagonists:	Indication: • PAH (WHO group 1) Criteria:	Ambrisentan: Max 10 mg daily (30 tablets per 30 days)

Ambrisentan (Letairis®), Bosentan (Tracleer®), Macitentan (Opsumit®)	- Without cardiopulmonary^ comorbidities (all risk categories) – may be combination therapy with PDE5i or PCA - Cardiopulmonary^ comorbidities (all risk categories)- may be monotherapy - Enrolled in REMS program (Bosentan only) - Bosentan may be used in pediatrics age 12 years or younger Exclusion: - Pregnancy - Drug interactions: cyclosporine or glyburide medication (bosentan) - Pulmonary veno-occlusive disease - Hepatotoxicity - PAH-idiopathic pulmonary fibrosis (Ambrisentan)	Bosentan: Max 125 mg BID (60 tablets per 30 days) Macitentan: Max 10 mg daily (30 tablets per 30 days)
Macitentan-Tadalafil (Opsynvi®)	Indication: - PAH (WHO group 1) Criteria: - WHO FC II-III - Treatment naïve Exclusion: - Pregnancy - Drug interactions - Pulmonary veno-occlusive disease - Hepatotoxicity - Taking nitrates or riociguat - CrCl <30 ml/min, HD, PD - Severe hepatic impairment (Child pugh class C) - Aortic/mitral valve disease, life threatening arrhythmias, hypotension (<90/50 mmHg), uncontrolled hypertension, left ventricular dysfunction, pericardial constriction, cardiomyopathy, symptomatic coronary artery disease - Hereditary degenerative retinal disorders	Max of 10/40 mg daily (30 tablets per 30 day)
Soluble guanylate cyclase stimulator: Riociguat (Adempas)	Indication: - PAH (WHO group 1) - CTEPH (WHO group 4) Criteria: - For CTEPH: inoperable and WHO FC III-IV - For PAH: - Trialed PDE5I and/or trialed ERA - Considered intermediate-low risk despite receiving ERA/PDE5i therapy	Max of 2.5 mg three time a day (up to 90 tablets for 30 days)

	○ Considered intermediate-high or high risk while receiving ERA/PDE5i therapy • Enrolled in REMS program Exclusion: • Drug interactions (strong CYP and P-gp/BCRP inhibitors) • PDE-5 inhibitor concomitant use • CrCl <15 ml/min or on dialysis • Severe hepatic impairment • Pregnancy • Bleeding	
Prostacyclin Receptor Agonist: Selexipag (Uptravi®)	Indication: • PAH (WHO group 1) Criteria: • Must be in combination with other therapies (but not with macitentan and tadalafil combination) • Considered intermediate-low risk despite receiving ERA/PDE5i therapy • Considered intermediate-high or high risk while receiving oral therapies Exclusion: • Pregnancy • Monotherapy • Egr <15, dialysis • Severe hepatic impairment • Pulmonary veno-occlusive disease • Drug interactions (CYP2C* strong inhibitors)	Max 1600 mg BID (60 tablets per 30 days)
Prostacyclin Analogue (PCA): Treprostinil (Remodulin®, Tyvaso®, Tyvaso DPI®, Orenitram®, Yutrepia™) Epoprostenol (generic)	Indication: • PAH (WHO group 1) • PH-ILD (DPI, Inhaler solution) (WHO group 3) Criteria: • For PAH ○ Inhaled or oral PCA in intermediate-low risk in combination with ERA + PDE5i ○ IV/subcutaneous PCA in combination with ERA + PDE5i for intermediate-high risk strata OR high risk of death ○ Addition of oral treprostinil to ERA or PDE5i/riociguat monotherapy who are at intermediate-low risk ○ Request for oral Treprostinil may be considered if cannot use inhaled options (DPI or nebulizer) or IV/subcutaneous options	Treprostinil DPI (Tyvaso): 48 to 64 mcg 4 times per day (120 cartridges per month or 30 ampules per month) Treprostinil (oral): max tolerated dose (120 mg total daily dose) (720 tablets per 30 days) Treprostinil solution (Remodulin) (IV/SC): 25-60 mcg/kg/min Treprostinil Yutrepia™: 26.5 mcg to 106 mcg 4

	- Request for IV/Subcutaneous Treprostinil may be considered in >16 years - For PH-ILD: Treprostinil (inhaled/DPI) only Exclusion: - Severe hepatic impairment (oral)	times per day; max dose of 848 mcg total daily dose (Maximum of 240 capsules per 30 days) Epoprostenol (IV): no max dose available
Sotatercept-csrk (Winrevair™)	Indication: - PAH (WHO group 1) Criteria: - Documented patient is on at least two or three PAH therapies - Considered Intermediate-low, intermediate-high, high, persistent intermediate-high or persistent high risk - Documented baseline platelets (>50,000/mm3) Exclusion: - Treatment naïve - During treatment; Erythrocytosis (Hgb increases >2g/dL from previous dose and is above ULN, increases >4g/dL from baseline or increases >2g /dL above upper limit of normal) - Thrombocytopenia/bleeding	0.3 to 0.7 mg/kg every 3 weeks

PAH: Pulmonary arterial hypertension
 ^Cardiopulmonary comorbidities are conditions associated with an increased risk of left ventricular diastolic dysfunction, and include obesity, hypertension, diabetes mellitus, and coronary heart disease; pulmonary comorbidities may include signs of mild parenchymal lung disease and are often associated with a low DLCO (<45% of the predicted value)

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Requested quantities not exceeding dosing limits listed in Table 1.

APPROVAL LENGTH

- Authorization:** 6 months
- Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective

APPENDIX

Table 1. WHO Classification of Pulmonary Hypertension – Group 1

Group	Diagnosis
1.1	Idiopathic PAH
1.2	Heritable PAH
1.3	PAH associated with Drugs and Toxins
1.4	PAH associated with:* • Connective tissue disorder • HIV infection • Portal hypertension • Congenital heart disease • Schistosomiasis
1.5	PAH with features of venous/capillary (PVOD/PCH) involvement
1.6	Persistent pulmonary hypertension of the newborn

* Diagnoses include, but are not limited to, these common diagnoses.

Table 2. WHO Functional Classification

Class	Description
WHO-FC I	Patients with PH but without resulting limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain, or near syncope
WHO-FC II	Patients with PH resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope
WHO-FC III	Patients with PH resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope
WHO-FC IV	Patients with PH with an inability to carry out any physical activity without symptoms. These patients manifest signs of right HF. Dyspnea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity

Investigational Use:

- WHO Groups 2-5 therapies largely to be considered investigational
 - PH associated with left heart diseases (WHO group 2)
 - PH associated with lung diseases and/ or hypoxemia (including chronic obstructive pulmonary disease) (WHO group 3)
 - PH due to chronic thrombotic and/or embolic disease (WHO group 4)
 - Miscellaneous group (sarcoidosis, histiocytosis X and lymphangiomatosis) (WHO group 5)
- The following are approved for pulmonary hypertension
 - WHO group 1
 - Endothelin receptor antagonists
 - Phosphodiesterase inhibitors

- Soluble guanylate cyclase stimulator
- Prostacyclin receptor agonists
- Prostacyclin analogue
- Winrevair (sotatercept)
- WHO group 2
 - N/A
- WHO group 3
 - Prostacyclin analogue: Treprostinil (DPI, inhaler solution)
- WHO group 4
 - Soluble guanylate cyclase stimulator: Riociguat

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.