Pulmonary Hypertension Agents, Oral/Inhaled

Goals:

- Restrict use to appropriate patients with World Health Organization (WHO) Functional Class II-IV symptoms and WHO pulmonary classifications with demonstrated clinical benefit in clinical trials (e.g., pulmonary arterial hypertension (PAH), chronic thromboembolic pulmonary hypertension, or interstitial lung disease).
- Restrict use to conditions funded by the Oregon Health Plan (OHP). Note: erectile dysfunction is not covered by the OHP.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred drugs

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the drug being prescribed by a pulmonologist or cardiologist?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; medical appropriateness.
3. Is the request for riociguat (Adempas®) or ambrisentan (Letairis®)?	**Yes:** Go to #4	**No:** Go to #5
4. Is there documentation that the patient has a medical history of PAH associated with idiopathic interstitial pneumonias or idiopathic pulmonary fibrosis?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #5
5. Is the patient classified as having World Health Organization (WHO) Functional Class II-IV symptoms?	**Yes:** Go to #6	**No:** Pass to RPh. Deny; medical appropriateness.
6. Is there a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1; ICD10 I27.0)?	**Yes:** Go to #7	**No:** Go to #8
7. Will the prescriber consider a change to a preferred product? Note: preferred products do not require PA.	**Yes:** Inform prescriber of preferred alternatives in class.	**No:** Approve for 12 months

Approval Criteria		
8. Is the request for riociguat in a patient with a diagnosis of chronic thromboembolic pulmonary hypertension (WHO Group 4; ICD10 I27.24)?	**Yes:** Approve for 12 months	**No:** Go to #9
9. Is the request for nebulized treprostinil (Tyvaso®) in a patient with a diagnosis of interstitial lung disease (WHO Group 3; ICD10 I27.23)? Note: treprostinil has not been studied and is not recommended in patients with pulmonary hypertension due to chronic obstructive pulmonary disease.	**Yes:** Approve for 12 months	**No:** Go to #10
10. RPh Only: Prescriber must provide supporting literature for use.	**Yes:** Approve for length of treatment.	**No:** Deny; not funded by the OHP

P&T Review: *10/21 (SS); 9/18; 3/16; 7/14; 3/14; 2/12; 9/10*
Implementation: *1/1/2022; 11/1/2018; 10/13/16; 5/1/16; 5/14/12; 1/24/12; 1/1/11*