

Pulmonary Arterial Hypertension Agents, Injectable (IV/SC)

Goals:

- Restrict use to patients with pulmonary arterial hypertension (PAH) and World Health Organization (WHO) Functional Class III-IV symptoms.

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. Will the prescriber consider a change to a preferred product? <u>Note:</u> preferred products do not require PA.	Yes: Inform prescriber of preferred alternatives in class.	No: Go to #3
3. Is there a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1; ICD 10 I27.0)? Note: injectable PAH medications are not FDA-approved for other forms of pulmonary hypertension.	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness.
4. Is the patient classified as having World Health Organization (WHO) Functional Class III-IV symptoms?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness.
5. Is the drug being prescribed by a pulmonologist or a cardiologist?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness.

P&T Review: 10/21(SS); 9/18; 3/16; 9/12

Implementation: 10/13/16; 1/1/13