

## Oral/Inhaled Pulmonary Hypertension Agents

### **Goals:**

- Restrict use to appropriate patients with pulmonary arterial hypertension (PAH) or chronic thromboembolic pulmonary hypertension and World Health Organization (WHO) Functional Class II-IV symptoms.
- Restrict use to conditions funded by the Oregon Health Plan (OHP). Note: erectile dysfunction is not funded 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](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an OHP-funded diagnosis?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; not funded by the OHP.
3. Is the drug being prescribed by a pulmonologist or cardiologist?	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
4. Is there a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1; ICD10 I27.0)?	<b>Yes:</b> Go to #9	<b>No:</b> Go to #5
5. Is there a diagnosis of chronic thromboembolic pulmonary hypertension (WHO Group 4; ICD10 I27.24)?	<b>Yes:</b> Go to #6	<b>No:</b> Go to #11
6. Is the request for riociguat (Adempas®)?	<b>Yes:</b> Go to #7	<b>No:</b> Go to #11
7. Is there documentation that the patient has a medical history of PAH associated with idiopathic interstitial pneumonias?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness.	<b>No:</b> Go to #8
8. Is the patient classified as having World Health Organization (WHO) Functional Class II-IV symptoms?	<b>Yes:</b> Approve for 12 months	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
9. Will the prescriber consider a change to a preferred product?  <u>Note:</u> preferred products do not require PA.	<b>Yes:</b> Inform prescriber of preferred alternatives in class.	<b>No:</b> Go to #10

## Approval Criteria

10. Is the patient classified as having World Health Organization (WHO) Functional Class II-IV symptoms?	<b>Yes:</b> Approve for 12 months	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
11. RPh Only: Prescriber must provide supporting literature for use.	<b>Yes:</b> Approve for length of treatment.	<b>No:</b> Deny; not funded by the OHP

*P&T Review:*

9/18 (SS); 3/16; 7/14; 3/14; 2/12; 9/10

*Implementation:*

11/1/2018; 10/13/16; 5/1/16; 5/14/12; 1/24/12; 1/1/11