

## 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 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 the request for riociguat (Adempas®) or ambrisentan (Letairis®)?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #6
5. Is there documentation that the patient has a medical history of PAH associated with idiopathic interstitial pneumonias or idiopathic pulmonary fibrosis?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness.	<b>No:</b> Go to #6
6. Is the patient classified as having World Health Organization (WHO) Functional Class II-IV symptoms?	<b>Yes:</b> Go to #7	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
7. Is there a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1; ICD10 I27.0)?	<b>Yes:</b> Go to #8	<b>No:</b> Go to #9

## Approval Criteria

<p>8. Will the prescriber consider a change to a preferred product?</p> <p><u>Note</u>: preferred products do not require PA.</p>	<p><b>Yes:</b> Inform prescriber of preferred alternatives in class.</p>	<p><b>No:</b> Approve for 12 months</p>
<p>9. Is the request for riociguat in a patient with a diagnosis of chronic thromboembolic pulmonary hypertension (WHO Group 4; ICD10 I27.24)?</p>	<p><b>Yes:</b> Approve for 12 months</p>	<p><b>No:</b> Go to #10</p>
<p>10. Is the request for nebulized treprostinil (Tyvaso®) in a patient with a diagnosis of interstitial lung disease (WHO Group 3; ICD10 I27.23)?</p> <p>Note: treprostinil has not been studied and is not recommended in patients with pulmonary hypertension due to chronic obstructive pulmonary disease.</p>	<p><b>Yes:</b> Approve for 12 months</p>	<p><b>No:</b> Go to #11</p>
<p>11. RPh Only: Prescriber must provide supporting literature for use.</p>	<p><b>Yes:</b> Approve for length of treatment.</p>	<p><b>No:</b> Deny; not funded by the OHP</p>

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