

Field Name	Field Description
Prior Authorization Group Description	<b>Cardiovascular Agents: Pulmonary Arterial Hypertension*</b> <b>LEGACY CATEGORY</b>
Drugs	<p><b><u>ENDOTHELIN RECEPTOR ANTAGONISTS</u></b></p> <p><b>Preferred:</b> Ambrisentan Bosentan</p> <p><b>Non-Preferred:</b> Opsumit Tracleer Susp</p> <p><b><u>PDE5 INHIBITORS</u></b></p> <p><b>Preferred:</b> Sildenafil Sildenafil Susp Tadalafil Tadliq</p> <p><b>Non-Preferred:</b> Liqrev</p> <p><b><u>PROSTAGLANDINS</u></b></p> <p><b>Preferred:</b> Epoprostenol</p> <p><b>Non-Preferred:</b> Orenitram Treprostinil Tyvaso Ventavis</p> <p><b><u>OTHER</u></b></p> <p><b>Non-Preferred:</b> Adempas Opsynvi Upravi Winrevair</p>
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See “other criteria”
Age Restrictions	According to package insert
Prescriber Restrictions	Prescribed by or in consultation with a pulmonologist or cardiologist
Coverage Duration	365 days

<p>Other Criteria</p>                    Revision/Review Date 2/2025	<p><b><u>CLINICAL PA CRITERIA:</u></b></p> <ul style="list-style-type: none"> <li>• Must provide documentation of NYHA Functional Class symptoms for Pulmonary Hypertension experienced by patient</li> </ul> <p><b><u>NON-PREFERRED CRITERIA:</u></b></p> <ul style="list-style-type: none"> <li>• Must have had an inadequate clinical response of at least 30 days with at least two preferred drugs in this UPDL category, one of which must be a phosphodiesterase-5 inhibitor</li> </ul> <p><b><u>ADDITIONAL INFORMATION:</u></b></p> <ul style="list-style-type: none"> <li>• Patients who have class III or IV symptoms defined by the NYHA Functional Class for Pulmonary Hypertension may be authorized for inhalation or intravenous agents</li> </ul> <p>Sildenafil Susp: a PA is required for patients 18 years and older Tadliq: a PA is required for patients younger than 18 years</p> <p><b>Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.</b></p>
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