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| Division: Pharmacy Policy  | Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria  |
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | January, 2010<br><br>May 2, 2011; June 8, 2012; December 10, 2013, March 5, 2015, March 19, 2015, May 22, 2015, November 25, 2015, February 19, 2016, October 3, 2019, October 21, 2019, January 27, 2020, January 11, 2021, December 8, 2021, January 21, 2022 |

## PULMONARY HYPERTENSION AGENTS

### ORAL:

- **Clinical PA required (preferred):** ambrisentan, sildenafil 20mg, tadalafil 20mg, and Tracleer<sup>®</sup>
- **Non-preferred:** Adcirca<sup>®</sup>, Adempas<sup>®</sup>, Alyq<sup>®</sup>, bosentan, Letairis<sup>®</sup>, Opsumit<sup>®</sup>, Orenitram ER<sup>®</sup>, Revatio<sup>®</sup>, and Uptravi<sup>®</sup>

### INHALED:

- **Clinical PA required (preferred):** Ventavis<sup>®</sup>
- **Non-preferred:** Tyvaso<sup>®</sup>

### INJECTABLES:

- **Preferred -** Epoprostenol
- **Non-preferred -** Flolan<sup>®</sup>, Remodulin<sup>®</sup>, treprostinil, Uptravi<sup>®</sup> and Veletri<sup>®</sup>

LENGTH OF AUTHORIZATION: Up to 1 year

### REVIEW CRITERIA:

- Patient must have the diagnosis of pulmonary hypertension.
- Diagnosis must be verified in patient diagnosis code(s) or supporting documentation.
- Verify that medication is prescribed by a related specialist.
- Trial and failure of preferred agent is required.
- **If the request is for chronic thromboembolic pulmonary hypertension (CTEPH), Adempas<sup>®</sup> may be approved.**
- **If the request is for pulmonary hypertension associated with interstitial lung disease, Tyvaso<sup>®</sup> may be approved.**

### DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>

### ADDITIONAL INFORMATION:

Florida Medicaid does not cover treatment for Erectile Dysfunction (ED).