Pulmonary Arterial Hypertension (PAH) Agents – Oral Phosphodiesterase-5 (PDE5) and Soluble Guanylate Cyclase (SGC) Stimulators

Effective 06/25/2008
Revised 01/09/2020

Preferred Agents
- Sildenafil Tabs (gen Revatio)
- Tadalafil Tabs (gen Adcirca)

Non-Preferred Agents
- Adcirca®
- Adempas®
- Revatio® Susp/Tabs
- Sildenafil Susp

Approval Criteria
- Documented diagnosis of pulmonary hypertension in the past 2 years AND
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents OR
- Documented compliance on current therapy regimen

Denial Criteria
- For Adempas: participant is currently pregnant
- For Revatio:
  - History of nitrate or ritonavir (Norvir or Kaletra) therapy within the last 30 days OR
  - Dosing <60mg/day
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030