



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Pulmonary Arterial Hypertension (PAH) Agents, Phosphodiesterase-5 (PDE5) and Soluble Guanylate Cyclase (SGC) Stimulators PDL Edit
<b>First Implementation Date:</b>	June 25, 2008
<b>Revised Date:</b>	March 2, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Pulmonary arterial hypertension (PAH) is a severe, progressive, and often fatal condition that occurs idiopathically as well as in association with pulmonary, cardiac, and other thoracic conditions. Reliable estimates of the total prevalence of this condition are difficult to obtain because of the diversity of identifiable causes. PAH, formerly known as primary pulmonary hypertension, is characterized by elevations in pulmonary arterial pressure (PAP) to greater than 25 mmHg at rest and greater than 30 mmHg with exercise. The disease occurs when the PAP is abnormally elevated and forces the right side of the heart to progressively work harder when it pumps blood to the lungs. Symptoms include dyspnea, fatigue, chest pain, palpitations, syncope, and edema. Prognosis varies based on the severity of disease, whether right heart failure is present, and response to vasodilator therapy. If left untreated, the disease produces increases in PAP that may lead to right ventricular failure and death. Despite recent developments in the symptomatic treatment of PAH, there is still no cure.

PAH should be differentiated from pulmonary hypertension secondary to diseases of the heart and lung based on both pathology of the underlying disease and accepted treatments.

Total program savings for the PDL classes will be regularly reviewed.

<b>Program-Specific Information:</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
	<ul style="list-style-type: none"> <li>Sildenafil Inj/Tabs (gen Revatio®)</li> <li>Tadalafil Tabs (gen Adcirca®)</li> </ul>	<ul style="list-style-type: none"> <li>Adcirca®</li> <li>Adempas®</li> <li>Alyq™</li> <li>Revatio®</li> <li>Sildenafil Susp</li> </ul>

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

Data Sources:  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Pulmonary Arterial Hypertension (PAH) Agents, Phosphodiesterase-5 (PDE5) and Soluble Guanylate Cyclase (SGC) Stimulators
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Documented diagnosis of pulmonary hypertension **AND**
- Documented compliance on current therapy regimen **OR**
- **For Revatio suspension: participant aged < 10 years OR**
- For injectable Revatio: failure to achieve desired therapeutic outcomes with trial of 2 or more preferred agents, with one being generic sildenafil injection **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
- For Adempas:
  - Documented diagnosis of chronic thromboembolic pulmonary hypertension **OR**
  - Trial of 1 preferred agent **OR**
  - Documented ADE/ADR to preferred agents
- Claim exceeds minimum dosing limitations for the following:

Drug Description	Generic Equivalent	Minimum Dosing Limitation
REVATIO 10 MG/12.5 ML VIAL	SILDENAFIL	3 vials per day
REVATIO 10 MG/ML ORAL SUSP	SILDENAFIL	6 mL per day*
REVATIO 20 MG TABLET	SILDENAFIL	3 tablets per day

*\*limit does not apply to participants < 10 years of age*

## Denial Criteria

- History of nitrate therapy within the last 45 days
- For Adempas: participant is currently pregnant
- For Revatio: history of ritonavir (Norvir or Kaletra) therapy within the last 45 days
- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
Rule Type: PDL

## Default Approval Period

1 year

SmartPA PDL Proposal Form

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## References

- Evidence-Based Medicine Analysis: “Primary Pulmonary Arterial Hypertension (PAH) Agents”, UMKC-DIC; July 2022.
- Evidence-Based Medicine and Fiscal Analysis: “PAH-PPH” – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
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- Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults 2018: update of the CHEST Guideline and Expert Panel Report. *Chest*. 2019; 155(3): 565-586.
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