



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PDE5 INHIBITORS FOR PULMONARY ARTERIAL HYPERTENSION

Generic	Brand	HICL	GCN	Exception/Other
SILDENAFIL	REVATIO		24758 28273 33186	
TADALAFIL	ADCIRCA, ALYQ		26587	

****Please use the criteria for the specific drug requested****

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

ADCIRCA/ALYQ (TADALAFIL)

1. Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group I) and meet **ALL** of the following criteria?
 - The requested medication is prescribed by or given in consultation with a cardiologist or pulmonologist
 - Documented confirmatory PAH diagnosis based on right heart catheterization with the following parameters:
 - Mean pulmonary artery pressure (PAP) of ≥ 25 mmHg
 - Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
 - Pulmonary vascular resistance (PVR) > 3 Wood units
 - The patient has NYHA-WHO Functional Class II to IV symptoms
 - The patient is **NOT** concurrently or intermittently taking oral erectile dysfunction agents (e.g. Cialis, Viagra) or any organic nitrates in any form
 - The patient is **NOT** concurrently taking guanylate cyclase stimulators (e.g. Adempas)

If yes, **approve Adcirca/Alyq (Tadalafil) 20mg tablet for 12 months by GPID (26587) with a quantity limit of #2 tablets per day.**

APPROVAL TEXT: Renewal requires that the patient has shown improvement from baseline in the 6-minute walk distance test **OR** that the patient has a stable 6-minute walk distance test with a stable or improved WHO functional class.

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

REVATIO (SILDENAFIL) TABLETS OR INJECTION

1. Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group I) and meet **ALL** of the following criteria?
 - The requested medication is prescribed by or given in consultation with a cardiologist or pulmonologist
 - Documented confirmatory PAH diagnosis based on right heart catheterization with the following parameters:
 - Mean pulmonary artery pressure (PAP) of ≥ 25 mmHg
 - Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
 - Pulmonary vascular resistance (PVR) > 3 Wood units
 - The patient has NYHA-WHO Functional Class II to IV symptoms
 - The patient is **NOT** concurrently or intermittently taking oral erectile dysfunction agents (e.g. Cialis, Viagra) or any organic nitrates in any form
 - The patient is **NOT** concurrently taking guanylate cyclase stimulators (e.g. Adempas)

If yes, **approve for 12 months by GPID for the requested strength with the following quantity limits:**

- **Sildenafil (Revatio, GPID 24758) 20mg tablets: #3 tablets per day.**
- **Sildenafil (Revatio, GPID 28273) 10mg/12.5mL vial: 37.5mL (#3 vials) per day.**

APPROVAL TEXT: Renewal requires that the patient has shown improvement from baseline in the 6-minute walk distance test **OR** that the patient has a stable 6-minute walk distance test with a stable or improved WHO functional class.

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

REVATIO (SILDENAFIL) ORAL SUSPENSION

1. Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group I) and meet **ALL** of the following criteria?
 - The patient is unable to swallow pills and has tried crushed sildenafil tablets
 - The requested medication is prescribed by or given in consultation with a cardiologist or pulmonologist
 - Documented confirmatory PAH diagnosis based on right heart catheterization with the following parameters:
 - Mean pulmonary artery pressure (PAP) of ≥ 25 mmHg
 - Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
 - Pulmonary vascular resistance (PVR) > 3 Wood units
 - The patient has NYHA-WHO Functional Class II to IV symptoms
 - The patient is **NOT** concurrently or intermittently taking oral erectile dysfunction agents (e.g. Cialis, Viagra) or any organic nitrates in any form
 - The patient is **NOT** concurrently taking guanylate cyclase stimulators (e.g. Adempas)

If yes, **approve Revatio (Sildenafil) oral suspension for 12 months by GPID (33186) with a quantity limit of #224mL (2 bottles) per 30 days.**

APPROVAL TEXT: Renewal requires that the patient has shown improvement from baseline in the 6-minute walk distance test **OR** that the patient has a stable 6-minute walk distance test with a stable or improved WHO functional class.

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: The guideline for **PDE5 INHIBITORS FOR PULMONARY ARTERIAL HYPERTENSION (Revatio, Adcirca/Alyq)** requires a diagnosis of pulmonary arterial hypertension (PAH) World Health Organization (WHO Group I). The following criteria must also be met:

- The requested medication is prescribed by or given in consultation with a cardiologist or pulmonologist
- Documented confirmatory PAH diagnosis based on right heart catheterization with the following parameters:
 - Mean pulmonary artery pressure (PAP) of greater than or equal to 25 mmHg
 - Pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg
 - Pulmonary vascular resistance (PVR) greater than 3 Wood units
- The patient has NYHA-WHO Functional Class II to IV symptoms
- The patient is NOT concurrently or intermittently taking oral erectile dysfunction agents (e.g. Cialis, Viagra) or any organic nitrates in any form
- The patient is NOT concurrently taking guanylate cyclase stimulators (e.g. Adempas)
- In addition to the above requirements, the following criteria apply to the specific agents listed.
 - **Request for REVATIO (Sildenafil) ORAL SUSPENSION** requires that the patient is unable to swallow pills and has tried crushed sildenafil tablets

RENEWAL CRITERIA

1. Does the patient have a diagnosis of pulmonary arterial hypertension (PAH) (WHO Group I)?

If yes, continue to #2

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Has the patient shown improvement from baseline in the 6-minute walk distance test?

If yes, **approve for 12 months by GPID for the requested drug with the following quantity limits:**

- **Tadalafil (Adcirca/Alyq GPID 26587): #2 tablets per day.**
- **Sildenafil (Revatio GPID 24758) 20mg tablets: #3 tablets per day.**
- **Sildenafil (Revatio GPID 28273) 10mg/12.5mL vial: #37.5mL (#3 vials) per day.**
- **Sildenafil (Revatio GPID 33186) 10mg/mL suspension: #224mL (2 bottles) per 30 days.**

If no, continue to #3.

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RENEWAL CRITERIA (CONTINUED)

3. Has the patient remained stable from baseline in the 6-minute walk distance test with a stable or improved WHO functional class?

If yes, approve for 12 months by GPID for the requested drug with the following quantity limits:

- Tadalafil (Adcirca/Alyq GPID 26587): #2 tablets per day
- Sildenafil (Revatio GPID 24758) 20mg tablets: #3 tablets per day.
- Sildenafil (Revatio GPID 28273) 10mg/12.5mL vial: #37.5mL (#3 vials) per day.
- Sildenafil (Revatio GPID 33186) 10mg/mL suspension: #224mL (2 bottles) per 30 days.

If no, do not approve.

RENEWAL DENIAL TEXT: The guideline named **PDE5 INHIBITORS FOR PULMONARY ARTERIAL HYPERTENSION (Revatio, Adcirca/Alyq)** requires a diagnosis of pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1. In addition, **ONE** of the following criteria must be met for renewal:

- The patient has shown improvement from baseline in the 6-minute walk distance test
- The patient has a stable 6-minute walk distance test with a stable or improved WHO functional class

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Adcirca/Alyq and Revatio.

REFERENCES

- Revatio [Prescribing Information] New York, NY: Pfizer Inc.; February 2018.
- Adcirca [Prescribing Information] Indianapolis, IN: Eli Lilly and Company; August 2017.
- Alyq [Prescribing Information] North Wales, PA: Teva Pharmaceuticals USA, Inc., January 2019.

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