Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

Pulmonary Arterial Hypertension Medications

GPI CODING:

Remodulin®	4017008010****
Tyvaso®	40170080002020
Ventavis®	401700600020**
Adcirca®	40143080000320
Revatio INJ®	401430601020**
Revatio Tabs®	401430601003**
Letairis®	401600070003**
Tracleer®	401600150003**
NDCs for Epoprostenol injection	00173-0517-00, 00173-0519-00, 00703-1985-01, 00703-1995-01

DESCRIPTION:

Pulmonary arterial hypertension (PAH) is a progressive condition characterized by elevated pulmonary arterial pressures that lead to right ventricular failure. PAH may be idiopathic, inherited, or associated with other diseases or exposure to certain drugs or toxins. In patients suspected of having PAH, complete right heart catheterization is required to confirm the diagnosis.

APPROVAL DURATION:

Approval duration: lifetime

Quantity limits
Adcirca: 2 tablets (20 mg) per day
Letairis: 1 tablet (5 mg or 10 mg) per day
Revatio: 12 tablets (20 mg) per day
Tracleer: 2 tablets (62.5 mg or 125 mg) per day

CRITERIA FOR PAH

I. Patient has a diagnosis of PAH (World Health Organization Group 1) **AND**
II. PAH was confirmed by right heart catheterization **OR**
III. Patient is an infant with one of the conditions below **AND** PAH was confirmed by Doppler echocardiogram
    A. Post cardiac surgery **OR**
    B. Chronic heart disease **OR**
    C. Chronic lung disease associated with prematurity **OR**
    D. Congenital diaphragmatic hernia