Louisiana Medicaid
Pulmonary Arterial Hypertension (PAH)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred pulmonary arterial hypertension agents.

Additional Point-of-Sale edits may apply.

~~***NOTE:***~~ *Some medications in this therapeutic category may have* ***Black Box Warnings*** *and/or may be subject to* ***Risk Evaluation and Mitigation Strategy (REMS)*** *under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests ~~**for Non-Preferred Pulmonary Arterial Hypertension (PAH)Agents**~~

ALL of the following are required:

- For sildenafil oral suspension (generic for Revatio®) there has been a treatment failure or intolerable side effect with or contraindication to brand Revatio® oral suspension; **AND**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- The requested medication has been prescribed for an approved diagnosis (see POS Edits); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
  - The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The prescriber states that the recipient is currently using the requested medication; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Initial and Reauthorization Approval: 12 months

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References

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Letairis (ambrisentan) [package insert]. Foster City, CA: Gilead Sciences, Inc.; August 2019. https://www.letairis.com/patients/open-pdf?file=http:/www.gilead.com/~/media/Files/pdfs/medicines/cardiovascular/letairis/letairis_pi.pdf

Opsumit (macitentan) [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc; April 2019. https://www.opsumit.com/opsumit-prescribing-information.pdf

Orenitram ER (treprostinil) [package insert]. Research Triangle Park, NC: United Therapeutics Corp; January 2017. https://orenitram.com/pdf/Orenitram_Full_Prescribing_Information.pdf

Revatio (sildenafil) [package insert]. New York, NY: Pfizer Laboratories Division of Pfizer Inc; January 2019. http://labeling.pfizer.com/showlabeling.aspx?id=645

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Uptravi (selexipag) [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc; September 2019. https://www.uptravihcp.com/assets/pdf/uptravi-full-prescribing-information.pdf

Ventavis (iloprost) [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc; October 2017. https://www.4ventavis.com/pdf/Ventavis_PI.pdf

Revision	Date
Single PDL Implementation	May 2019
Separated "Select Therapeutic Classes (Established)" into individual therapeutic class documents	~~November 2019~~
Added wording requiring use of preferred brand Revatio® oral suspension, formatting changes	~~July 2020~~

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