

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

**Injectable Agents for the Treatment of Pulmonary
Arterial Hypertension (PAH)**

Clinical Criteria Information Included in this Document

Injectable Agents for the Treatment of PAH

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



Injectable Agents for the Treatment of PAH

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Injectable Agents for the Treatment of PAH	
Label Name	GCN
EOPROSTENOL SODIUM 0.5MG VIAL	56680
EOPROSTENOL SODIUM 1.5MG VIAL	56681
FOLAN 0.5MG VIAL	56680
FOLAN 1.5MG VIAL	56681
REMODULIN 10MG/ML VIAL	17436
REMODULIN 1MG/ML VIAL	17433
REMODULIN 2.5MG/ML VIAL	17434
REMODULIN 5MG/ML VIAL	17435
VELETRI 0.5MG VIAL	33243
VELETRI 1.5MG VIAL	30168



Injectable Agents for the Treatment of PAH

Clinical Criteria Logic

1. Does the client have a **diagnosis of pulmonary arterial hypertension** in the last 730 days?
 Yes – Go to #2
 No – Deny

2. Has the diagnosis been confirmed by or does the client have a contraindication to right heart catheterization? [manual]
 Yes – Go to #3
 No – Deny

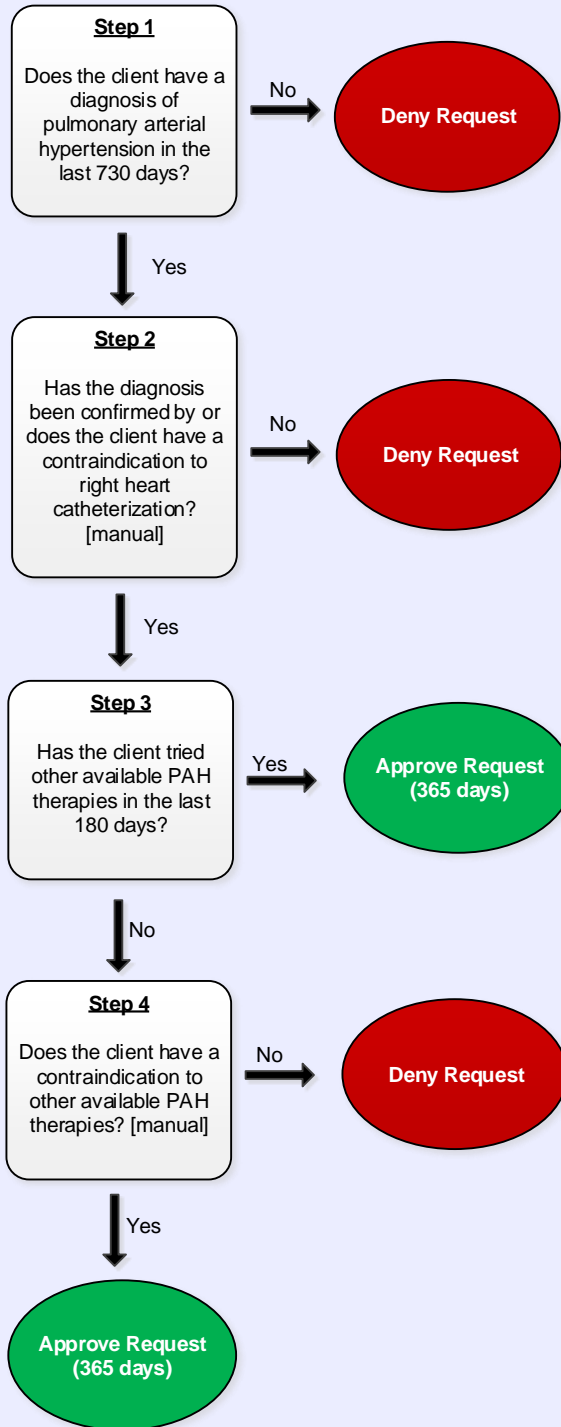
3. Has the client tried other available **PAH therapies** in the last 180 days?
 Yes – Approve (365 days)
 No – Go to #4

4. Does the client have a contraindication to other available PAH therapies? [manual]
 Yes – Approve (365 days)
 No – Deny



Injectable Agents for the Treatment of PAH

Clinical Criteria Logic Diagram





Injectable Agents for the Treatment of PAH

Clinical Criteria Supporting Tables

Step 1 (diagnosis of Pulmonary Hypertension) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I270	PRIMARY PULMONARY HYPERTENSION

Step 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 730 days	
GCN	Label Name
02226	ADALAT CC 30MG TABLET
02227	ADALAT CC 60MG TABLET
02228	ADALAT CC 90MG TABLET
26587	ADCIRCA 20MG TABLET
35376	ADEMPAS 0.5MG TABLET
35383	ADEMPAS 1.5MG TABLET
35377	ADEMPAS 1MG TABLET
35385	ADEMPAS 2.5MG TABLET
35384	ADEMPAS 2MG TABLET
02226	AFEDITAB CR 30MG TABLET
02227	AFEDITAB CR 60MG TABLET
02682	AMLODIPINE 10MG TABLET
02681	AMLODIPINE 2.5MG TABLET
02683	AMLODIPINE 5MG TABLET
02363	CARDIZEM 120MG TABLET
02360	CARDIZEM 30MG TABLET
02361	CARDIZEM 60MG TABLET
02326	CARDIZEM CD 120MG CAPSULE
02323	CARDIZEM CD 180MG CAPSULE
02324	CARDIZEM CD 240MG CAPSULE
02325	CARDIZEM CD 300MG CAPSULE
07460	CARDIZEM CD 360MG CAPSULE

Step 3 (claim for alternate therapy)	
Required quantity: 1	
Look back timeframe: 730 days	
19183	CARDIZEM LA 180MG TABLET
02326	CARTIA XT 120MG CAPSULE
02323	CARTIA XT 180MG CAPSULE
02324	CARTIA XT 240MG CAPSULE
02325	CARTIA XT 300MG CAPSULE
07463	DILT XR 120MG CAPSULE
07461	DILT XR 180MG CAPSULE
07462	DILT XR 240MG CAPSULE
02363	DILTIAZEM 120MG CAPLET
02321	DILTIAZEM 120MG CAPSULE SA
02333	DILTIAZEM 300MG CAPSULE SA
02360	DILTIAZEM 30MG TABLET
02328	DILTIAZEM 360MG CAPSULE SA
02322	DILTIAZEM 60MG CAPSULE SA
02361	DILTIAZEM 60MG TABLET
02320	DILTIAZEM 90MG CAPSULE SA
02362	DILTIAZEM 90MG TABLET
02326	DILTIAZEM CD 120MG CAPSULE
02323	DILTIAZEM CD 180MG CAPSULE
02324	DILTIAZEM CD 240MG CAPSULE
02325	DILTIAZEM CD 300MG CAPSULE
07460	DILTIAZEM CD 360MG CAPSULE
02330	DILTIAZEM ER 120MG CAPSULE
07463	DILTIAZEM ER 120MG CAPSULE
02329	DILTIAZEM ER 180MG CAPSULE
07461	DILTIAZEM ER 180MG CAPSULE
02332	DILTIAZEM ER 240MG CAPSULE
07462	DILTIAZEM ER 240MG CAPSULE
94691	DILTIAZEM ER 420MG CAPSULE
02622	FELODIPINE ER 10MG TABLET
02620	FELODIPINE ER 2.5MG TABLET
02621	FELODIPINE ER 5MG TABLET
02611	ISRADIPINE 2.5MG CAPSULE
02612	ISRADIPINE 5MG CAPSULE
98567	LETAIRIS 10MG TABLET
98566	LETAIRIS 5MG TABLET
19183	MATZIM LA 180MG TABLET
19184	MATZIM LA 240MG TABLET

Step 3 (claim for alternate therapy)	
Required quantity: 1	
Look back timeframe: 730 days	
19185	MATZIM LA 300MG TABLET
19186	MATZIM LA 360MG TABLET
19187	MATZIM LA 420MG TABLET
02390	NICARDIPINE 20MG CAPSULE
02391	NICARDIPINE 30MG CAPSULE
02226	NIFEDIPINE ER 30MG TABLET
02221	NIFEDIPINE ER 30MG TABLET
02222	NIFEDIPINE ER 60MG TABLET
02227	NIFEDIPINE ER 60MG TABLET
02228	NIFEDIPINE ER 90MG TABLET
02223	NIFEDIPINE ER 90MG TABLET
99446	NISOLDIPINE ER 17MG TABLET
99447	NISOLDIPINE ER 25.5MG TABLET
99448	NISOLDIPINE ER 34MG TABET
99445	NISOLDIPINE ER 8.5MG TABLET
02682	NORVASC 10MG TABLET
02681	NORVASC 2.5MG TABLET
02683	NORVASC 5MG TABLET
35443	OPSUMIT 10MG TABLET
35799	ORENITRAM ER 0.125MG TABLET
35798	ORENITRAM ER 0.25MG TABLET
35803	ORENITRAM ER 1MG TABLET
35804	ORENITRAM ER 2.5MG TABLET
02221	PROCARDIA XL 30MG TABLET
02222	PROCARDIA XL 60MG TABLET
02223	PROCARDIA XL 90 MG TABLET
33186	REVATIO 10MG/ML ORAL SUSP
24758	REVATIO 20MG TABLET
24758	SILDENAFIL 20MG TABLET
99445	SULAR ER 8.5MG TABLET
02330	TAZTIA XT 120MG CAPSULE
02329	TAZTIA XT 180MG CAPSULE
02332	TAZTIA XT 240MG CAPSULE
02333	TAZTIA XT 300MG CAPSULE
02328	TAZTIA XT 360MG CAPSULE
14978	TRACLEER 125MG TABLET
43819	TRACLEER 32MG TABLET FOR SUSP
14979	TRACLEER 62.5MG TABLET

Step 3 (claim for alternate therapy)	
Required quantity: 1	
Look back timeframe: 730 days	
27492	TYVASO 1.74MG/2.9ML SOLUTION
27491	TYVASO INHALATION REFILL KIT
27489	TYVASO INHALATION STARTER KIT
40359	UPTRAVI 1,000MCG TABLET
40374	UPTRAVI 1,200MCG TABLET
40375	UPTRAVI 1,400MCG TABLET
40376	UPTRAVI 1,600MCG TABLET
40378	UPTRAVI 200-800 TITRATION PACK
40355	UPTRAVI 200MCG TABLET
40356	UPTRAVI 400MCG TABLET
40357	UPTRAVI 600MCG TABLET
40358	UPTRAVI 800MCG TABLET
26415	VENTAVIS 10MCG/1ML SOLUTION
21597	VENTAVIS 20MCG/1ML SOLUTION



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Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
08/21/2014	Presented to the DUR Board
11/24/2014	Initial publication and posting to website
07/31/2015	Review of ICD-9 and ICD-10 codes
08/01/2018	Annual review by staff Removed ICD-9 codes Updated Table 3, pages 5-10 Updated references, page 11
10/11/2018	Updated to include GCN for Tracleer tablets for suspension, page 7
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table