PULMONARY HYPERTENSION AGENTS

- **ORAL:**
  - **Clinical PA required (preferred):** Letairis, sildenafil 20mg, tadalafil 20mg, and Tracleer.
  - **Non-preferred:** Adcirca, Adempas, Alyq, ambrisentan, bosentan, Opsumit, Orenitram ER, Revatio, and Uptravi.

- **INHALED:**
  - **Clinical PA required (preferred):** Ventavis
  - **Non-preferred:** Tyvaso

- **INJECTABLES:**
  - **Preferred** - Epoprostenol
  - **Non-preferred** - Flolan, Remodulin, treprostinil, and Veletri.

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must have the diagnosis of pulmonary hypertension.
- Diagnosis must be verified in patient diagnosis code(s) or supporting documentation.
- Verify that medication is prescribed by a related specialist.
- Trial and failure of preferred agent is required.
- If the request is for chronic thromboembolic pulmonary hypertension (CTEPH), Adempas may be approved.

ADDITIONAL INFORMATION:

Florida Medicaid does not cover treatment for Erectile Dysfunction (ED).