

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

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

Clinical Edit 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 edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

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

Revision Notes

- Added GCNs for riociguat and macitentan to clinical edit supporting tables, step 3.



Injectable Agents for the Treatment of PAH

Drugs Requiring Prior Authorization

Injectable Agents for the Treatment of PAH	
Label Name	GCN
FLOLAN 0.5MG VIAL	56680
FLOLAN 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 Edit 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

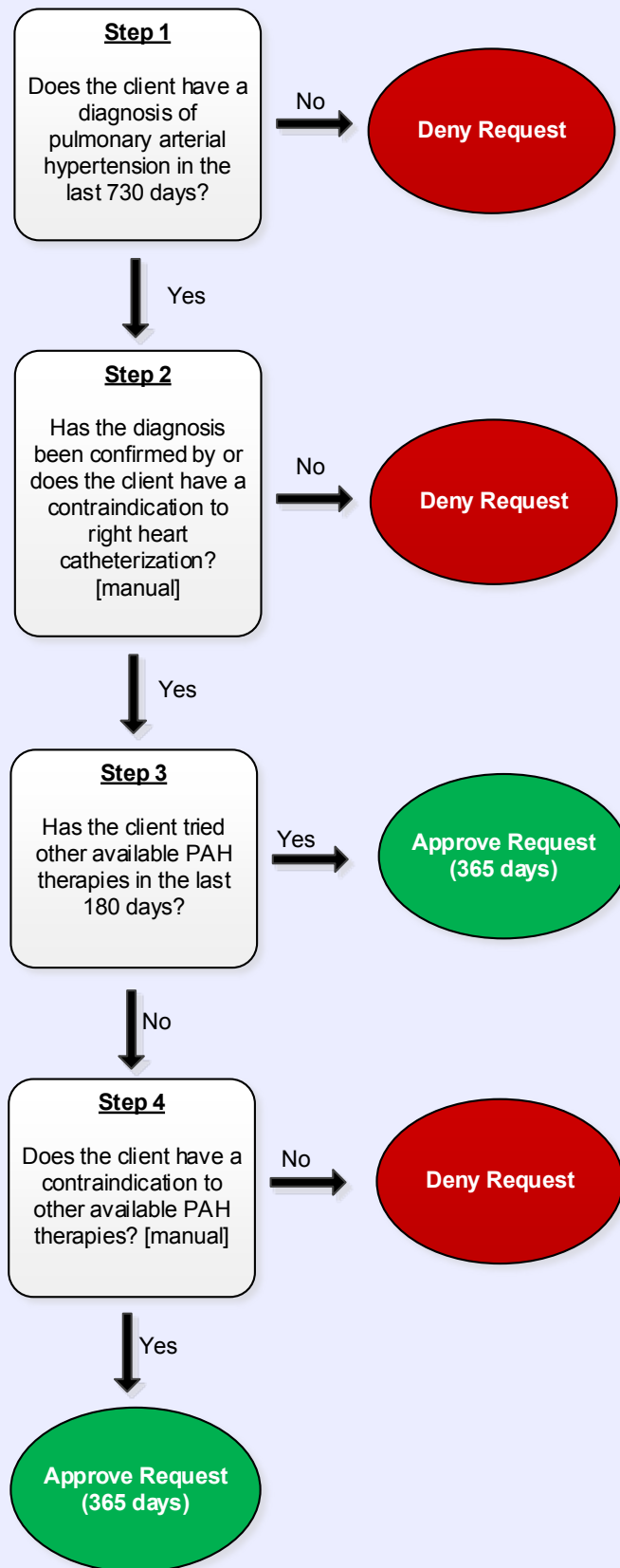
4. Does the client have a contraindication to other available PAH therapies? [manual]
 Yes - Approve (365 days)
 No - Deny



Injectable Agents for the Treatment of PAH

Clinical Edit Criteria Logic Diagram

(See Diagram Next Page)





Injectable Agents for the Treatment of PAH

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of Pulmonary Hypertension) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
416.0	PRIMARY PULMONARY HYPERTENSION
ICD-10 Code	Description
I27.0	PRIMARY PULMONARY HYPERTENSION

Step 3 (alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Description
02320	DILTIAZEM 90MG CAPSULE SA
02321	DILTIAZEM 120MG CAPSULE SA
02322	DILTIAZEM 60MG CAPSULE SA
02323	DILTIAZEM CD 180MG CAPSULE
02324	DILTIAZEM CD 240MG CAPSULE
02325	DILTIAZEM CD 300MG CAPSULE
02326	DILTIAZEM CD 120MG CAPSULE
02328	DILTIAZEM 360MG CAPSULE SA
02329	DILTIAZEM ER 180MG CAPSULE
02330	DILTIAZEM ER 120MG CAPSULE
02332	DILTIAZEM ER 240MG CAPSULE
02333	DILTIAZEM 300MG CAPSULE SA
02360	DILTIAZEM 30MG TABLET
02361	DILTIAZEM 60MG TABLET
02362	DILTIAZEM 90MG TABLET
03263	DILTIAZEM 120MG CAPLET
07460	DILTIAZEM CD 360MG CAPSULE
07461	DILTIAZEM ER 180MG CAPSULE
07462	DILTIAZEM ER 240MG CAPSULE

Step 3 (alternate therapy)	
Required quantity: 1	
Look back timeframe: 180 days	
GCN	Description
07463	DILTIAZEM ER 120MG CAPSULE
19183	DILTIAZEM ER 180MG TABLET
19184	DILTIAZEM ER 240MG TABLET
19185	DILTIAZEM ER 300MG TABLET
19186	DILTIAZEM ER 360MG TABLET
19187	DILTIAZEM ER 420MG TABLET
94691	DILTIAZEM ER 420MG CAPSULE
19180	CARDIZEM LA 120MG TABLET
02390	NICARDIPINE 20MG CAPSULE
02391	NICARDIPINE 30MG CAPSULE
01881	CARDENE SR 30MG CAPSULE
01882	CARDENE SR 45MG CAPSULE
01883	CARDENE SR 60MG CAPSULE
03003	VERAPAMIL 120MG CAPSULE PELLETT
02341	VERAPAMIL 120MG TABLET
32472	VERAPAMIL 120MG TABLET SA
03001	VERAPAMIL 180MG CAPSULE PELLETT
32471	VERAPAMIL 180MG TABLET SA
03002	VERAPAMIL 240MG CAPSULE PELLETT
32470	VERAPAMIL 240MG TABLET SA
03004	VERAPAMIL 360MG CAPSULE PELLETT
47110	VERAPAMIL 40MG TABLET
02342	VERAPAMIL 80MG TABLET
03003	VERAPAMIL ER 120MG CAPSULE
94122	VERAPAMIL ER PM 100MG CAPSULE
94123	VERAPAMIL ER PM 200MG CAPSULE
94124	VERAPAMIL ER 300MG CAPSULE
32473	COVERA-HS 180MG TABLET
32474	COVERA-HS 240MG TABLET
02611	ISRADIPINE 2.5MG CAPSULE
02612	ISRADIPINE 5MG CAPSULE
02615	DYNACIRC CR 10MG TABLET
02614	DYNACIRC CR 5MG TABLET
02350	NIFEDIPINE 10MG CAPSULE
02351	NIFEDIPINE 20MG CAPSULE
02228	NIFEDIPINE ER 90MG TABLET
02226	NIFEDIPINE ER 30MG TABLET

Step 3 (alternate therapy)	
Required quantity: 1	
Look back timeframe: 180 days	
GCN	Description
02221	NIFEDIPINE ER 30MG TABLET
02222	NIFEDIPINE ER 60MG TABLET
02227	NIFEDIPINE ER 60MG TABLET
02223	NIFEDIPINE ER 90MG TABLET
02440	NIMODIPINE 30MG CAPSULE
34794	NYMALIZE 60MG/20ML SOLUTION
35194	NYMALIZE 60MG/20ML SOLUTION
02682	AMLODIPINE 10MG TABLET
02681	AMLODIPINE 2.5MG TABLET
02683	AMLODIPINE 5MG TABLET
02622	FELODIPINE ER 10MG TABLET
02620	FELODIPINE ER 2.5MG TABLET
02621	FELODIPINE ER 5MG TABLET
99446	NISOLDIPINE ER 17MG TABLET
14702	NISOLDIPINE ER 20MG TABLET
99447	NISOLDIPINE ER 25.5MG TABLET
14703	NISOLDIPINE ER 30MG TABLET
99448	NISOLDIPINE ER 34MG TABET
14704	NISOLDIPINE ER 40MG TABLET
99445	NISOLDIPINE ER 8.5MG TABLET
14701	SULAR 10MG TABLET
98567	LETAIRIS 10MG TABLET
98566	LETAIRIS 5MG TABLET
14978	TRACLEER 125MG TABLET
14979	TRACLEER 62.5MG TABLET
26415	VENTAVIS 10MCG/1ML SOLUTION
21597	VENTAVIS 20MCG/1ML SOLUTION
22566	VENTAVIS 20MCG/2ML SOLUTION
24758	SILDENAFIL 20MG TABLET
26587	ADCIRCA 20MG TABLET
35385	ADEMPAS 2.5MG TABLET
35377	ADEMPAS 1MG TABLET
35384	ADEMPAS 2MG TABLET
35385	ADEMPAS 2.5MG TABLET
35376	ADEMPAS 0.5MG TABLET
35383	ADEMPAS 1.5MG TABLET
35443	OPSUMIT 10MG TABLET



Injectable Agents for the Treatment of PAH

Clinical Edit 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
11/24/2014	Added GCNs for riociguat and macitentan to clinical edit supporting tables, step 3.