

# Prostanoids



**Included Products:** Orenitram (treprostanil), Remodulin (treprostanil), Tyvaso (treprostanil), Tyvaso DPI (treprostanil), Veletri (epoprostanil)

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Reviewed: 11/10/2022

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## Pulmonary Arterial Hypertension

Initial Criteria		If yes	If no
1.	Is medication being requested by a pulmonologist or cardiologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of pulmonary arterial hypertension WHO Group 1 diagnosed by right heart catheterization?	Continue to #6.	Continue to #3.
3.	Does the member have a diagnosis of WHO Group 3 pulmonary hypertension diagnosed by right heart catheterization?	Continue to #4.	Do not approve.
4.	Does the member meet all the inclusion criteria for the "INCREASE" trial? -- Evidence of diffuse parenchymal lung disease -- Baseline 6MWD $\geq$ 100 meters -- Baseline FVC <70% -- No other PH diagnosis other than WHO Group 3 PH-ILD	Continue to #5.	Do not approve.
5.	Has the request been reviewed by internal medical director or Oregon Clinic Specialist?	Continue to #10.	Do not approve.
6.	Is the member currently on, has a failure or contraindication to, or is concurrently being prescribed 1) sildenafil or tadalafil and 2) bosentan or ambrisentan?	Continue to #7.	Pend for documentation of why sildenafil/tadalafil and bosentan/ambrisentan is not being used.

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7.	Which drug is being requested? a. Veletri or Remodulin, continue to #10. b. Orenitram, continue to #8. c. Tyvaso, continue to #9.		
8.	Is there documentation of a reason that oral therapy is preferred?	Continue to #10.	Do not approve and offer Veletri.
9.	Is there documentation that inhaled therapy is medically necessary?	Continue to #10.	Do not approve and offer Veletri.
10.	Approve for 12 months.		
<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Is documentation provided showing the member is still being seen by the pulmonologist or cardiologist and has been adherent to therapy?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		