

Pulmonary Hypertension Oral and Inhaled Drug Use Criteria

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Reviewed: May 2019

Includes:

Tracleer©	<i>Bosentan</i>
Revatio©	<i>Sildenafil</i>
Adcirca©	<i>Tadalafil</i>
Letairis©	<i>Ambrisentan</i>
Ventavis©	<i>Ilporst Tromethamine</i>
Opsumit©	<i>Macitentan</i>
Adempas©	<i>Riociguat</i>
Uptravi©	<i>Selexipag</i>
Orenitram ER©	<i>Tretrostinil</i>

GUIDELINE FOR USE:

For consideration of coverage refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria at:

http://www.orpdl.org/durm/PA_Docs/pulmonaryhypertension_oral_inhaled.pdf

Rationale:

To ensure medically appropriate, cost effective use of medication based on the best available evidence and to align with the Oregon Medicaid Fee for Service Drug Use Criteria.

References:

1. Oregon Medicaid FFS Drug Use Criteria. Pulmonary Arterial Hypertension oral and Inhaled Drugs. Drug Use Research and Management. Health Systems Division. Oregon Health Authority.