Reference number
1771-H

SPECIALTY QUANTITY LIMIT PROGRAM

Pulmonary Arterial Hypertension

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization. The recommended dosing parameters for the treatment of pulmonary arterial hypertension fall within the standard limits. Coverage of an additional quantity may be reviewed on a case-by-case basis upon request.

II. COVERED QUANTITIES

Medication**	Standard Limit	Exception Limit*	FDA-recommended dosing
Adcirca 20 mg tablets	60 per 30 days	Not applicable	40 mg per day
Adempas 0.5 mg tablets	90 per 30 days	Not applicable	The recommended starting dosage is 1 mg taken 3 times a day. For patients who cannot tolerate the hypotensive effect of Adempas, consider a starting dose of 0.5 mg taken three times a day. If systolic blood pressure remains greater than 95 mmHg and the patient has no signs or symptoms of hypotension, up-titrate by 0.5 mg taken three times a day. Dose increases should be no sooner than 2 weeks apart. The dose can be increased to the highest tolerated dosage, up to a maximum of 2.5 mg taken 3 times per day. If at any time, the patient has symptoms of hypotension, decrease the dosage by 0.5 mg taken three times per day.
Adempas 1 mg tablets	90 per 30 days	Not applicable	
Adempas 1.5 mg tablets	90 per 30 days	Not applicable	
Adempas 2 mg tablets	90 per 30 days	Not applicable	
Adempas 2.5 mg tablets	90 per 30 days	Not applicable	
Letairis 5 mg tablets	30 per 30 days	Not applicable	Initiate treatment at 5 mg once daily with or without tadalafil 20 mg once daily. At 4-week intervals, either the dose of Letairis of tadalafil can be increased, as needed and tolerated, to Letairis 10 mg or tadalafil 40 mg.
Letairis 10 mg tablets	30 per 30 days	Not applicable	
Opsumit 10 mg tablets	30 per 30 days	Not applicable	10 mg per day
Revatio 10 mg/ml suspension	224 ml per 30 days	Not applicable	20 mg three times a day

Reference number
1771-H

Medication**	Standard Limit	Exception Limit*	FDA-recommended dosing
Revatio (sildenafil) tablet 20 mg	90 per 30 days	360 per 30 days	Up to 20 mg three times a day
Tracleer 125 mg tablets	60 per 30 days	Not applicable	Patients >12 years of age and >40 kg: Initiate treatment at 62.5 mg twice daily for 4 weeks and then increase to maintenance dose of 125 mg twice daily. Patients >12 years of age and <40 kg - Initial and maintenance dosing: 62.5 mg twice daily Patients ≤12 years of age – Initial and maintenance dosing: • ≥4-8 kg: 16 mg twice daily • >8-16 kg: 32 mg twice daily • >16-24 kg: 48 mg twice daily • >24-40 kg: 64 mg twice daily
Tracleer 62.5 mg tablets	60 per 30 days	Not applicable	
Tracleer 32 mg tablets	112 per 28 days	Not applicable	
Tyvaso 0.6 mg/ml inhalation solution	81.2 ml (28 ampules) per 28 days	Not applicable	54 mcg four times a day
Uptravi 200 mcg tablets	60 per 30 days	Not applicable	Starting dose: 200 mcg twice daily. Increase the dose by 200 mcg twice daily at weekly intervals to the highest tolerated dose up to 1600 mcg twice daily.
Uptravi 400 mcg tablets	60 per 30 days	Not applicable	
Uptravi 600 mcg tablets	60 per 30 days	Not applicable	
Uptravi 800 mcg tablets	60 per 30 days	Not applicable	
Uptravi 1000 mcg tablets	60 per 30 days	Not applicable	
Uptravi 1200 mcg tablets	60 per 30 days	Not applicable	

Medication**	Standard Limit	Exception Limit*	FDA-recommended dosing
Uptravi 1400 mcg tablets	60 per 30 days	Not applicable	
Uptravi 1600 mcg tablets	60 per 30 days	Not applicable	
Ventavis 10 mcg/ml inhalation solution	270 ampules per 30 days	Not applicable	5 mcg up to nine times per day. The 20 mcg/ml concentration is intended for patients who are maintained at the 5 mcg dose and who have repeatedly experienced extended treatment times which could result in incomplete dosing.
Ventavis 20 mcg/ml inhalation solution	270 ampules per 30 days	Not applicable	

*Coverage up to the exception limits may be provided with prior authorization. See Specialty Post Limit Quantity Exception Criteria for the criteria for approval.
** The limit may apply to the generic equivalent medications.

III. REFERENCES

1. Adcirca [package insert]. Indianapolis, IN: Eli Lilly and Company; August 2017.
2. Adempas [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; January 2018.
3. Letairis [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2018.
4. Opsumit [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; April 2019.
5. Revatio [package insert]. New York, NY: Pfizer Labs; January 2019.
6. Tracleer [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; October 2018.
7. Tyvaso [package insert]. Research Triangle Park, NC: United Therapeutics Corp.; October 2017.
8. Ventavis [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; October 2017.
9. Uptravi [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; December 2017.