Pharmacy Medical Policy
Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension

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Policy Number: 036
BCBSA Reference Number: None

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at https://provider.express-path.com. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>Formulary Status</td>
</tr>
</tbody>
</table>

STEP 1
- Sildenafil PA Required

STEP 2
Adcirca® (tadalafil) | Prior Use of Step 1 Required

STEP 3

- Revatio®*** (sildenafil) | Prior use of Step 1 and Step 2 Required & PA Required

*** Non-covered drugs need a formulary exception which requires the use of two covered alternative medications prior to approving a formulary exception.

We cover the Pulmonary Arterial Hypertension medications listed in the chart above for new starts* in the following stepped approach:

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

**Step 1:** Formulary step 1 medication(s) need a PAH diagnosis to obtain a prior authorization for coverage.

**Step 2:** Formulary step 2 medications will be covered when one of the following criteria is met:
- There must be evidence of a BCBSMA paid claim or physician documented use by the patient of a step 1 or step 2 drug within the previous 130 days.

**Exception requests based exclusively on the use of samples will not meet coverage criteria for non-formulary medications. Additional clinical information demonstrating medical necessity of the non-formulary medication must be submitted by the requesting prescriber for review.

**Step 3:** Formulary step 3 medications will be covered when:
- There is a PAH diagnosis
  AND
- There must be evidence of a BCBSMA paid claim or physician documented use by the patient of a step 1 and step 2 drug within the previous 130 days. Non-covered drugs need a formulary exception which requires the use of two covered alternative medications prior to approving a formulary exception.
  OR
- There must be evidence of a BCBSMA paid claim or physician documented use by the patient of a step 3 drug within the previous 130 days.

**Exception requests based exclusively on the use of samples will not meet coverage criteria for non-formulary medications. Additional clinical information demonstrating medical necessity of the non-formulary medication must be submitted by the requesting prescriber for review.

We do not cover drugs listed in the above chart unless the above step therapy criteria are met.

**Other Information**
Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, as listed below:

**Retail Specialty Pharmacy Contact Information:**
AcariaHealth.
Phone: 1-866-892-1202
Fax: 1-866-892-3223
Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale. Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAth which can be found on the BCBSMA provider portal or directly on the web at https://provider.express-path.com.
PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale. Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAth which can be found on the BCBSMA provider portal or directly on the web at https://provider.express-path.com.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>7/2017</td>
<td>Updated to add AllCare to Pharmacy Specialty list.</td>
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<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
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<tr>
<td>7/2015</td>
<td>Updated to add Walgreens Specialty.</td>
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<tr>
<td>2/2014</td>
<td>Updated Onco360 name and removed Curascript in Specialty Pharmacy section.</td>
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<tr>
<td>1/2014</td>
<td>Updated ExpressPAth language and remove Blue Value.</td>
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<tr>
<td>10/2013</td>
<td>Added Step to this policy.</td>
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<td>2/2010</td>
<td>Updated to include prior authorization criteria for Adcirca™.</td>
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References


To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: