Reference number(s)
6195-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Pulmonary Arterial Hypertension (PAH) Phosphodiesterase 5 Inhibitors (PDE5i)-Oral

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

Plan Design Summary

This program applies to the oral pulmonary arterial hypertension (PAH) phosphodiesterase 5 inhibitor (PDE5i) products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Oral Pulmonary Arterial Hypertension Phosphodiesterase 5 Inhibitor Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• sildenafil (generic) • tadalafil (generic) • Tadliq (tadalafil)
Target	• Adcirca (tadalafil) • Liqrev (sildenafil) • Revatio (sildenafil)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Adcirca

Coverage for Adcirca is provided when the member has a documented intolerable adverse event to one of the preferred products, generic tadalafil or Tadliq, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Liqrev or Revatio

Coverage for Liqrev or Revatio is provided when the member has a documented intolerable adverse event to the preferred product generic sildenafil, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

References

1. Adcirca [package insert]. Indianapolis, IN: Eli Lilly and Company; September 2020.
2. Liqrev [package insert]. Farmville, NC: CMP Pharma, Inc.; April 2023.
3. Revatio [package insert]. Morgantown, WV: Viatris Specialty LLC.; January 2023.
4. Sildenafil [package insert]. Piscataway, NJ: Camber Pharmaceuticals, Inc.; February 2024.
5. Tadalafil [package insert]. Bridgewater, NJ: Ajanta Pharma USA Inc.; May 2023.
6. Tadliq [package insert]. Farmville, NC: CMP Pharma, Inc.; October 2023.