

PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Pulmonary Arterial Hypertension – Phosphodiesterase Type 5 Inhibitors Preferred Specialty Management Policy

- Adcirca[®] (tadalafil tablets – United Therapeutics, generic)
- Alyq[™] (tadalafil tablets – Teva, generic)
- LiQrev[®] (sildenafil oral suspension – CMP)
- Revatio[®] (sildenafil tablets, oral suspension – Pfizer, generic)
- Tadliq[®] (tadalafil oral suspension – CMP)

REVIEW DATE: 10/11/2023

OVERVIEW

Adcirca, Alyq, LiQrev, Revatio, and Tadliq are phosphodiesterase type 5 (PDE5) inhibitors indicated for the treatment of **pulmonary arterial hypertension** (PAH).¹⁻⁵ Alyq is a generic to Adcirca.³

- Adcirca, Alyq, and Tadliq are indicated for the treatment of PAH (World Health Organization [WHO] Group I) to improve exercise ability.²⁻⁴
- Liqrev and Revatio are indicated for the treatment of PAH (WHO Group I) in adults to improve exercise ability and delay clinical worsening.^{1,5}
- Revatio is also indicated in pediatric patients 1 to 17 years old for the treatment of PAH to improve exercise ability and in pediatric patients too young to perform standard exercise testing, pulmonary hemodynamics thought to underly improvements in exercise.¹

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. There are two rules divided into sildenafil products and tadalafil products. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Pulmonary Arterial Hypertension – Phosphodiesterase Type 5 Inhibitors Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for 1 year in duration. If the patient meets the standard *Pulmonary Arterial Hypertension – Phosphodiesterase Type 5 Inhibitors Prior Authorization Policy* criteria but has not tried a Preferred Product(s), approval for the Preferred Product(s) will be authorized based on if the Non-Preferred Product requested is in the sildenafil or tadalafil grouping.

Documentation: Documentation is required for use of Revatio tablets and Adcirca tablets as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. For criteria regarding trial of the respective generic for Revatio tablets and Adcirca tablets, verification is required as noted by **[verification required by prescriber]**.

Automation: None.

Sildenafil Products

Preferred Products: generic sildenafil tablets (20 mg)

Non-Preferred Products: Liqrev suspension, Revatio tablets, Revatio suspension, sildenafil suspension

Tadalafil Products

Preferred Products: generic tadalafil tablets (20 mg), Alyq

Non-Preferred Products: Adcirca, Tadliq

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Revatio® tablets, oral suspension, and intravenous injection [prescribing information]. New York, NY: Pfizer; January 2023.
2. Adcirca® tablets [prescribing information]. Indianapolis, IN: Eli Lilly/United Therapeutics; September 2020.
3. Alyq™ tablets [prescribing information]. North Wales, PA: Teva; September 2021.
4. Tadliq® oral suspension [prescribing information]. Farmville, NC: CMP; June 2022.
5. Liquev® suspension [prescribing information]. Farmville, NC: CMP; April 2023.