

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Pulmonary Hypertension Agents

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

Injectable PH Agents

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Oral/Inhaled PH Agents

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
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- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added GCNs for Tyvaso (52362, 52376, 52377, 52378, 52382, 58525, 58526, 58527) to the Oral/Inhaled Pulmonary Hypertension Drugs Requiring PA table and in Injectable Pulmonary Hypertension Agents supporting table 3



Injectable Pulmonary Hypertension Agents

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
EOPROSTENOL SODIUM 0.5MG VIAL	56680
EOPROSTENOL SODIUM 1.5MG VIAL	56681
EOPROSTENOL SODIUM 0.5MG VIAL	33243
EOPROSTENOL SODIUM 1.5MG VIAL	30168
FLOLAN 0.5MG VIAL	56680
FLOLAN 1.5MG VIAL	56681
REMODULIN 10MG/ML VIAL	17436
REMODULIN 1MG/ML VIAL	17433
REMODULIN 2.5MG/ML VIAL	17434
REMODULIN 5MG/ML VIAL	17435
REMODULIN 8 MG/20 ML VIAL	58175
TREPROSTINIL 100MG/20ML VIAL	17435
TREPROSTINIL 200MG/20ML VIAL	17436
TREPROSTINIL 20MG/20ML VIAL	17433
TREPROSTINIL 50MG/20ML VIAL	17434
VELETRI 0.5MG VIAL	33243
VELETRI 1.5MG VIAL	30168
WINREVAIR 45 MG ONE-VIAL KIT	55485
WINREVAIR 45 MG TWO-VIAL KIT	55485
WINREVAIR 45 MG TWO-VIAL KIT	57256

Drugs Requiring Prior Authorization	
Label Name	GCN
WINREVAIR 60 MG ONE-VIAL KIT	55487
WINREVAIR 60 MG TWO-VIAL KIT	55487
WINREVAIR 60 MG TWO-VIAL KIT	57257

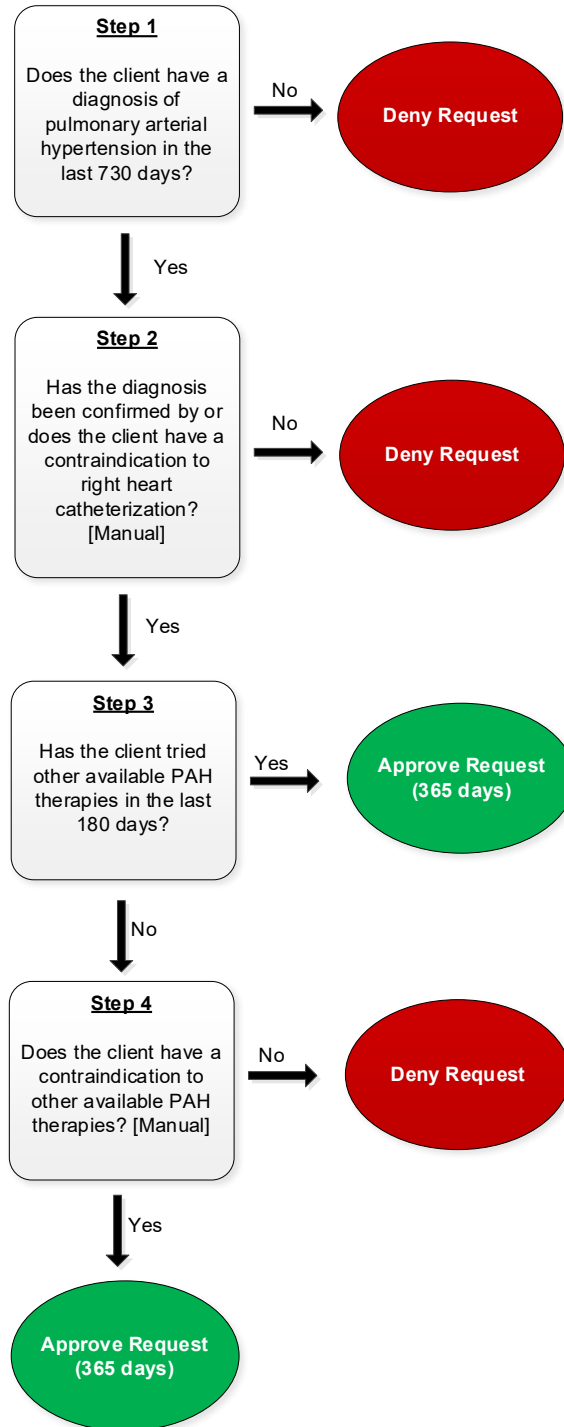
**Injectable Pulmonary Hypertension Agents****Clinical Criteria Logic**

1. Does the client have a [diagnosis of pulmonary arterial hypertension](#) in the last 730 days?
 Yes – Go to #2
 No – Deny
2. Has the diagnosis been confirmed by or does the client have a contraindication to right heart catheterization? [Manual]
 Yes – Go to #3
 No – Deny
3. Has the client tried other available [PAH therapies](#) in the last 180 days?
 Yes – Approve (365 days)
 No – Go to #4
4. Does the client have a contraindication to other available PAH therapies? [Manual]
 Yes – Approve (365 days)
 No – Deny



Injectable Pulmonary Hypertension Agents

Clinical Criteria Logic Diagram





Injectable Pulmonary Hypertension Agents

Clinical Criteria Supporting Tables

Table 1 (diagnosis of pulmonary hypertension)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
I270	PRIMARY PULMONARY HYPERTENSION

Table 3 (claim for alternate therapy)

Required quantity: 1

Look back timeframe: 180 days

GCN	Label Name
26587	ADCIRCA 20MG TABLET
35376	ADEMPAS 0.5MG TABLET
35383	ADEMPAS 1.5MG TABLET
35377	ADEMPAS 1MG TABLET
35385	ADEMPAS 2.5MG TABLET
35384	ADEMPAS 2MG TABLET
26587	ALYQ 20 MG TABLET
98567	AMBRISANTAN 10MG TABLET
98566	AMBRISANTAN 5MG TABLET
02682	AMLODIPINE 10MG TABLET
02681	AMLODIPINE 2.5MG TABLET
02683	AMLODIPINE 5MG TABLET
14978	BOSENTAN 125MG TABLET
14979	BOSENTAN 62.5MG TABLET

Table 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Label Name
02363	CARDIZEM 120MG TABLET
02360	CARDIZEM 30MG TABLET
02361	CARDIZEM 60MG TABLET
02362	CARDIZEM 90 MG TABLET
02322	CARDIZEM SR 60 MG CAPSULE
02320	CARDIZEM SR 90 MG CAPSULE
03221	CARDIZEM SR 120 CAPSULE
02326	CARDIZEM CD 120MG CAPSULE
02323	CARDIZEM CD 180MG CAPSULE
02324	CARDIZEM CD 240MG CAPSULE
02325	CARDIZEM CD 300MG CAPSULE
07460	CARDIZEM CD 360MG CAPSULE
19183	CARDIZEM LA 180MG TABLET
19180	CARDIZEM LA 120 MG TABLET
19184	CARDIZEM LA 240 MG TABLET
19185	CARDIZEM LA 300 MG TABLET
19186	CARDIZEM LA 360 MG TABLET
19187	CARDIZEM LA 420 MG TABLET
02326	CARTIA XT 120MG CAPSULE
02323	CARTIA XT 180MG CAPSULE
02324	CARTIA XT 240MG CAPSULE
02325	CARTIA XT 300MG CAPSULE
07463	DILT XR 120MG CAPSULE

Table 3 (claim for alternate therapy)	
Required quantity: 1	
Look back timeframe: 180 days	
GCN	Label Name
07461	DILT XR 180MG CAPSULE
07462	DILT XR 240MG CAPSULE
02363	DILTIAZEM 120MG CAPLET
02321	DILTIAZEM 120MG CAPSULE SA
02333	DILTIAZEM 300MG CAPSULE SA
02360	DILTIAZEM 30MG TABLET
02328	DILTIAZEM 360MG CAPSULE SA
02322	DILTIAZEM 60MG CAPSULE SA
02361	DILTIAZEM 60MG TABLET
02320	DILTIAZEM 90MG CAPSULE SA
02362	DILTIAZEM 90MG TABLET
02326	DILTIAZEM CD 120MG CAPSULE
02323	DILTIAZEM CD 180MG CAPSULE
02324	DILTIAZEM CD 240MG CAPSULE
02325	DILTIAZEM CD 300MG CAPSULE
07460	DILTIAZEM CD 360MG CAPSULE
02330	DILTIAZEM ER 120MG CAPSULE
07463	DILTIAZEM ER 120MG CAPSULE
02329	DILTIAZEM ER 180MG CAPSULE
07461	DILTIAZEM ER 180MG CAPSULE
02332	DILTIAZEM ER 240MG CAPSULE
07462	DILTIAZEM ER 240MG CAPSULE
94691	DILTIAZEM ER 420MG CAPSULE

Table 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Label Name
02320	DILTIAZEM 12HR ER 90MG CAP
02622	FELODIPINE ER 10MG TABLET
02620	FELODIPINE ER 2.5MG TABLET
02621	FELODIPINE ER 5MG TABLET
02611	ISRADIPINE 2.5MG CAPSULE
02612	ISRADIPINE 5MG CAPSULE
46652	KATERZIA 1 MG/ML SUSPENSION
98567	LETAIRIS 10MG TABLET
98566	LETAIRIS 5MG TABLET
19183	MATZIM LA 180MG TABLET
19184	MATZIM LA 240MG TABLET
19185	MATZIM LA 300MG TABLET
19186	MATZIM LA 360MG TABLET
19187	MATZIM LA 420MG TABLET
02390	NICARDIPINE 20MG CAPSULE
02391	NICARDIPINE 30MG CAPSULE
02350	NIPEDIPINE 10 MG CAPSULE
02351	NIFEDIPINE 20 MG CAPSULE
02226	NIFEDIPINE ER 30MG TABLET
02221	NIFEDIPINE ER 30MG TABLET
02222	NIFEDIPINE ER 60MG TABLET
02227	NIFEDIPINE ER 60MG TABLET
02228	NIFEDIPINE ER 90MG TABLET

Table 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Label Name
02223	NIFEDIPINE ER 90MG TABLET
99446	NISOLDIPINE ER 17MG TABLET
99447	NISOLDIPINE ER 25.5MG TABLET
99448	NISOLDIPINE ER 34MG TABET
99445	NISOLDIPINE ER 8.5MG TABLET
14702	NISOLDIPINE ER 20 MG TABLET
02682	NORVASC 10MG TABLET
02681	NORVASC 2.5MG TABLET
02683	NORVASC 5MG TABLET
35443	OPSUMIT 10MG TABLET
55466	OPSYNVI 10-20 MG TABLET
51671	OPSYNVI 10-40 MG TABLET
35799	ORENITRAM ER 0.125MG TABLET
35798	ORENITRAM ER 0.25MG TABLET
35803	ORENITRAM ER 1MG TABLET
35804	ORENITRAM ER 2.5MG TABLET
43521	ORENITRAM ER 5MG TABLET
02350	PORCARDIA 10 MG CAPSULE
02351	PORCARDIA 20 MG CAPSULE
02221	PROCARDIA XL 30MG TABLET
02222	PROCARDIA XL 60MG TABLET
02223	PROCARDIA XL 90 MG TABLET
33186	REVATIO 10MG/ML ORAL SUSP

Table 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Label Name
24758	REVATIO 20MG TABLET
57901	SILDENAFIL 25 MG TABLET
57902	SILDENAFIL 50 MG TABLET
57903	SILDENAFIL 100 MG TABLET
24758	SILDENAFIL 20MG TABLET
33186	SILDENAFIL 10 MG/ML ORAL SUSP
26587	TADALAFIL 20MG TABLET
18995	TADALAFIL 10 MG TABLET
18996	TADALAFIL 20 MG TABLET
99409	TADALAFIL 2.5 MG TABLET
20736	TADALAFIL 5 MG TABLET
52585	TADLIQ 20MG/5ML SUSPENSION
02330	TAZTIA XT 120MG CAPSULE
02329	TAZTIA XT 180MG CAPSULE
02332	TAZTIA XT 240MG CAPSULE
02333	TAZTIA XT 300MG CAPSULE
02328	TAZTIA XT 360MG CAPSULE
02330	TIADYLT ER 120MG CAPSULE
02329	TIADYLT ER 180MG CAPSULE
02332	TIADYLT ER 240MG CAPSULE
02333	TIADYLT ER 300MG CAPSULE
02328	TIADYLT ER 360MG CAPSULE
94691	TIADYLT ER 420MG CAPSULE

Table 3 (claim for alternate therapy) Required quantity: 1 Look back timeframe: 180 days	
GCN	Label Name
14978	TRACLEER 125MG TABLET
43819	TRACLEER 32MG TABLET FOR SUSP
14979	TRACLEER 62.5MG TABLET
27492	TYVASO 1.74MG/2.9ML SOLUTION
27491	TYVASO INHALATION REFILL KIT
27489	TYVASO INHALATION STARTER KIT
52362	TYVASO DPI 16 MCG CARTRIDGE
52376	TYVASO DPI 32 MCG CARTRIDGE
52377	TYVASO DPI 48 MCG CARTRIDGE
52378	TYVASO DPI 64 MCG CARTRIDGE
52382	TYVASO DPI 16-32-48 MCG TITRAT
58525	TYVASO DPI 80 MCG CARTRIDGE
58526	TYVASO DPI 32-64 MCG MAINT KIT
58527	TYVASO DPI 48-64 MCG MAINT KIT
40359	UPTRAVI 1,000MCG TABLET
40374	UPTRAVI 1,200MCG TABLET
40375	UPTRAVI 1,400MCG TABLET
40376	UPTRAVI 1,600MCG TABLET
40378	UPTRAVI 200-800 TITRATION PACK
40355	UPTRAVI 200MCG TABLET
40356	UPTRAVI 400MCG TABLET
40357	UPTRAVI 600MCG TABLET
40358	UPTRAVI 800MCG TABLET



Oral/Inhaled Pulmonary Hypertension

Agents

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
ADEMPAS 0.5MG TABLET	35376
ADEMPAS 1 MG TABLET	35377
ADEMPAS 1.5MG TABLET	35383
ADEMPAS 2.5MG TABLET	35385
ADEMPAS 2MG TABLET	35384
AMBRISENTAN 10MG TABLET	98567
AMBRISENTAN 5MG TABLET	98566
BOSENTAN 125 MG TABLET	14978
BOSENTAN 62.5 MG TABLET	14979
LETAIRIS 10MG TABLET	98567
LETAIRIS 5MG TABLET	98566
OPSUMIT 10MG TABLET	35443
OPSYNVI 10-20 MG TABLET	55466
OPSYNVI 10-40 MG TABLET	51671
ORENITRAM ER 0.125MG TABLET	35799
ORENITRAM ER 0.25MG TABLET	35798
ORENITRAM ER 1MG TABLET	35803
ORENITRAM ER 2.5MG TABLET	35804
ORENITRAM ER 5MG TABLET	43521

Drugs Requiring Prior Authorization	
Label Name	GCN
TRACLEER 125MG TABLET	14978
TRACLEER 32MG TABLET FOR SUSP	43819
TRACLEER 62.5MG TABLET	14979
TYVASO 1.74MG/2.9ML SOLUTION	27492
TYVASO INHALATION REFILL KIT	27491
TYVASO INHALATION STARTER KIT	27489
TYVASO DPI 16 MCG CARTRIDGE	52362
TYVASO DPI 32 MCG CARTRIDGE	52376
TYVASO DPI 48 MCG CARTRIDGE	52377
TYVASO DPI 64 MCG CARTRIDGE	52378
TYVASO DPI 16-32-48 MCG TITRAT	52382
TYVASO DPI 80 MCG CARTRIDGE	58525
TYVASO DPI 32-64 MCG MAINT KIT	58526
TYVASO DPI 48-64 MCG MAINT KIT	58527
UPTRAVI 1000MCG TABLET	40359
UPTRAVI 1200MCG TABLET	40374
UPTRAVI 1400MCG TABLET	40375
UPTRAVI 1600MCG TABLET	40376
UPTRAVI 200-800 TITRATION PACK	40378
UPTRAVI 200MCG TABLET	40355
UPTRAVI 400MCG TABLET	40356
UPTRAVI 600MCG TABLET	40357
UPTRAVI 800MCG TABLET	40358
YUTREPIA 26.5 MCG INHAL CAP	57781

Drugs Requiring Prior Authorization	
Label Name	GCN
YUTREPIA 53 MCG INHAL CAP	57782
YUTREPIA 79.5 MCG INHAL CAP	57783
YUTREPIA 106 MCG INHAL CAP	57784

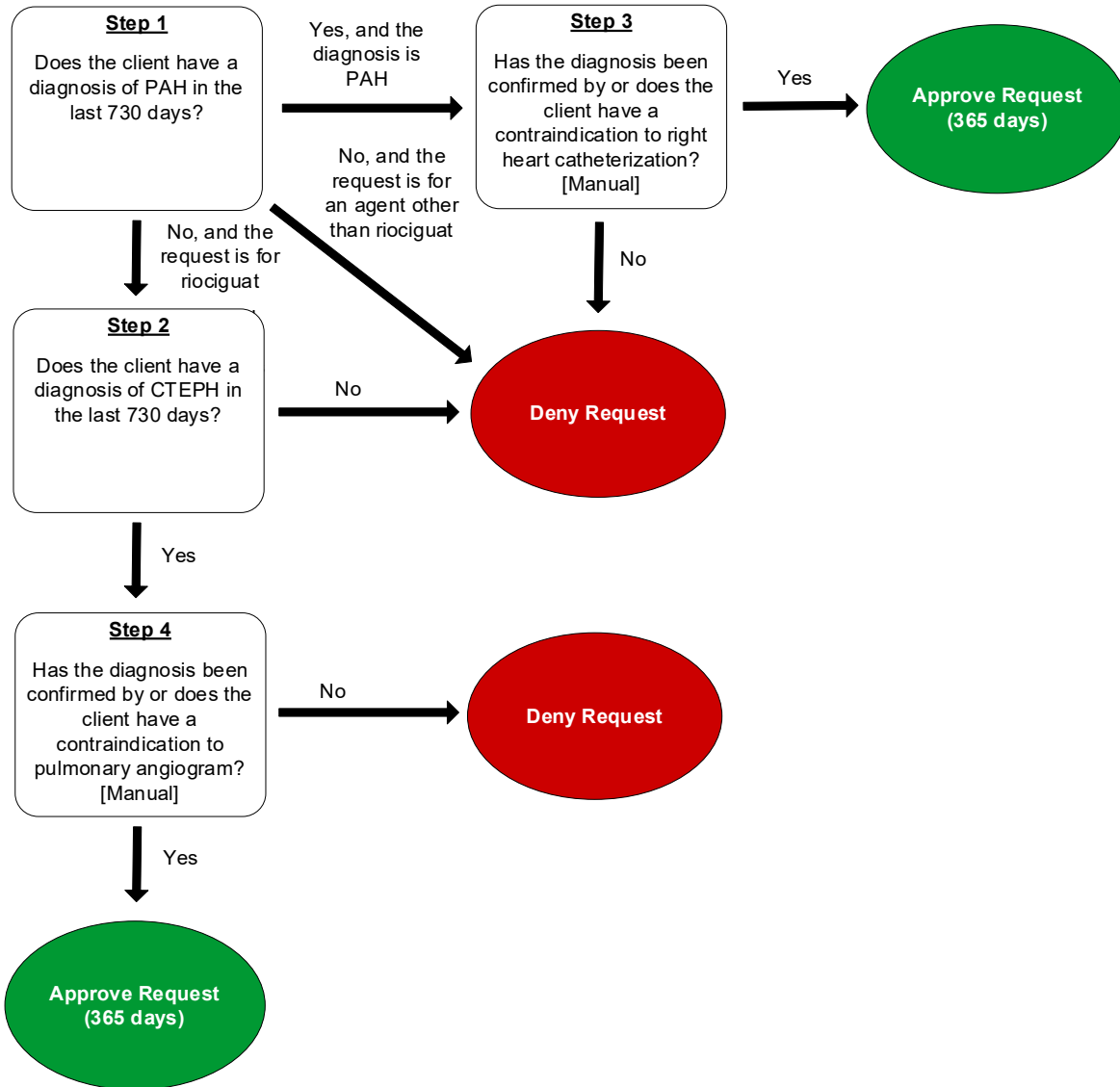


Oral/Inhaled Pulmonary Hypertension Agents

Clinical Criteria Logic

1. Does the client have a [diagnosis of pulmonary arterial hypertension \(PAH\)](#) in the last 730 days?
 - Yes (And the diagnosis is PAH) – Go to #3
 - No (And the request is for riociguat) – Go to #2
 - No (And the request is for a medication other than riociguat) – Deny
2. Does the client have a [diagnosis of chronic thromboembolic pulmonary hypertension \(CTEPH\)](#) in the last 730 days?
 - Yes – Go to #4
 - No – Deny
3. Has the diagnosis been confirmed by or does the client have a contraindication to right heart catheterization? [Manual]
 - Yes – Approve (365 days)
 - No – Deny
4. Has the diagnosis been confirmed by or does the client have a contraindication to pulmonary angiogram? [Manual]
 - Yes – Approve (365 days)
 - No – Deny

PAXPRESS™ **Oral/Inhaled Pulmonary Hypertension Agents**
Clinical Criteria Logic Diagram





Oral/Inhaled Pulmonary Hypertension Agents

Clinical Criteria Supporting Tables

Table 1 (diagnosis of pulmonary hypertension)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
I270	PRIMARY PULMONARY HYPERTENSION (PULMONARY ARTERIAL HYPERTENSION)

Table 2 (diagnosis of CTEPH)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
I2724	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION



Pulmonary Hypertension Agents

Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at <http://www.icd10data.com/>. Accessed on June 30, 2025.
2. Humbert M, Kovacs G, Hoeper MM, et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: Developed by the task force for the diagnosis and treatment of pulmonary hypertension of European Society of Cardiology (ESC) and European Respiratory Society (ERS). Endorsed by the International Society for Heart and Lung Transplantation (ISHLT) and the European Reference Network on rare respiratory diseases (ERN-LUNG). *European Heart Journal* (2022);43(38):3618-3731.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on June 30, 2025.
4. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on June 30, 2025.
5. Flolan Prescribing Information. Durham, NC. GlaxoSmithKline. October 2023.
6. Remodulin Prescribing Information. Research Triangle Park, NC. United Therapeutics Corp. October 2023.
7. Veletri Prescribing Information. Titusville, NJ. Actelion Pharmaceuticals US, Inc. July 2022.
8. Galie N, Corris PA, Frost A, et al. Updated Treatment Algorithm of Pulmonary Arterial Hypertension. *J Am Coll Cardiol*. 2013;62(25S).
9. Adempas Prescribing Information. Whippany, NJ. Bayer HealthCare Pharmaceuticals Inc. January 2023.
10. Letairis Prescribing Information. Foster City, CA. Gilead Sciences, Inc. April 2025.
11. Opsumit Prescribing Information. Titusville, NJ. Actelion Pharmaceuticals US, Inc. April 2025.
12. Orenitram Prescribing Information. Research Triangle Park, NC. United Therapeutics Corp. August 2023.
13. Tracleer Prescribing Information. Titusville, NJ. Actelion Pharmaceuticals US, Inc. July 2025.
14. Tyvaso Prescribing Information. Research Triangle Park, NC. United Therapeutics Corp. May 2022.
15. Tyvaso DPI Prescribing Information. Research Triangle Park, NC. United Therapeutics Corp. October 2024.
16. Upravi Prescribing Information. Titusville, NJ. Actelion Pharmaceuticals US, Inc. July 2022.

17. Winrevair Prescribing Information. Rahway, NJ. Merck Sharp & Dohme LLC. May 2025.
18. Treprostinil Prescribing Information. Bedminster, NJ. Alembic Pharmaceuticals Inc. February 2025.
19. Epoprostenol Prescribing Information. Billerica, MA. Sun Pharmaceutical Industries, Inc. April 2025.
20. Ambrisentan Prescribing Information. Parsippany, NJ. Teva Pharmaceuticals. May 2025.
21. Bosentan Prescribing Information. Cranbury, NJ. Sun Pharmaceutical Industries, Inc. October 2024.
22. Opsyngvi Prescribing Information. Titusville, NJ. Actelion Pharmaceuticals US Inc. April 2025.
23. Yutrepia Prescribing Information. Morrisville, NC. Liquidia Technologies, Inc. June 2025.



Pulmonary Hypertension Agents

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
08/21/2014	<ul style="list-style-type: none"> Presented to the DUR Board
11/24/2014	<ul style="list-style-type: none"> Initial publication and posting to website
07/31/2015	<ul style="list-style-type: none"> Review of ICD-9 and ICD-10 codes
08/01/2018	<ul style="list-style-type: none"> Annual review by staff Removed ICD-9 codes Updated Table 3 Updated references
10/11/2018	<ul style="list-style-type: none"> Updated to include GCN for Tracleer tablets for suspension
03/29/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
07/15/2019	<ul style="list-style-type: none"> Annual review by staff Added GCNs for treprostinil to drug table Updated Table 3 Updated references
01/30/2020	<ul style="list-style-type: none"> Added criteria for Oral/Inhaled PH agents as approved by the DUR Board at the January 2020 DUR Board Meeting Updated references
02/13/2020	<ul style="list-style-type: none"> Updated drug table
10/07/2022	<ul style="list-style-type: none"> Annual review by staff Updated references
05/18/2023	<ul style="list-style-type: none"> Added GCNs for epoprostenol (33243, 30168) and Orenitam ER (43521) Updated references

Publication Date	Notes
01/10/2024	<ul style="list-style-type: none"> Annual review by staff Added GCNs for ambrisentan (98567, 98566), bosentan (14978, 14979), Orenitram (43521) to Table 3, injectable agents Updated references
05/06/2024	<ul style="list-style-type: none"> Added GCNs for Opsynvi (51671, 55446) to oral agents Added GCNs for Winrevair (55485, 55487) to injectable agents
08/31/2024	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Alyq (26587), Katerzia (46652), Opsynvi (55466, 51671), sildenafil (33186), tadalafil (18995, 18996, 99409, 20736), Tadliq (52585), and Tiadyt (02330, 02329, 02332, 02333, 02328, 94691) to Table 3 Removed GCNs for Adalat CC (02226, 02227, 02228) – product has been discontinued from Table 3 Updated references
06/30/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Winrevair (57256, 57257) and Yutrepia (57781, 57782, 57783, 57784) to the Drugs Requiring PA section Removed GCNs for Ventavis (26415, 21597) from the Drugs Requiring PA section and supporting tables – discontinued Added GCNs for Cardizem (02362, 02322, 02320, 03221, 19180, 19184, 19185, 19186, 19187), Nipeditpine (02350, 02351), Nisoldipine (14702), Porcardia (02350, 02351), and Sildenafil (57901, 57902, 57903) to the supporting tables section Updated references
08/18/2025	<ul style="list-style-type: none"> Added GCN for Remodulin (58175) to the Injectable PH Drugs Requiring PA section
11/10/2025	<ul style="list-style-type: none"> Added GCNs for Tyvaso (52362, 52376, 52377, 52378, 52382, 58525, 58526, 58527) to the Oral/Inhaled Pulmonary Hypertension Drugs Requiring PA table and in Injectable Pulmonary Hypertension Agents supporting table 3