



# SmartPA Criteria Proposal

Drug/Drug Class:	Pulmonary Arterial Hypertension (PAH) Agents, Prostacyclin Pathway Agonists, Oral PDL Edit	
First Implementation Date:	June 25, 2008	
Proposed Date:	October 17, 2023	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	<ul><li>☑ Existing Criteria</li><li>☐ Revision of Existing Criteria</li><li>☐ New Criteria</li></ul>	

### Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Pulmonary arterial hypertension (PAH) is a severe, progressive, and often fatal condition that occurs idiopathically as well as in association with pulmonary, cardiac, and other thoracic conditions. Reliable estimates of the total prevalence of this condition are difficult to obtain because of the diversity of identifiable causes. PAH, formerly known as primary pulmonary hypertension, is characterized by elevations in pulmonary arterial pressure (PAP) to greater than 25 mmHg at rest and greater than 30 mmHg with exercise. The disease occurs when the PAP is abnormally elevated and forces the right side of the heart to progressively work harder when it pumps blood to the lungs. Symptoms include dyspnea, fatigue, chest pain, palpitations, syncope, and edema. Prognosis varies based on the severity of disease, whether right heart failure is present, and response to vasodilator therapy. If left untreated, the disease produces increases in PAP that may lead to right ventricular failure and death. Despite recent developments in the symptomatic treatment of PAH, there is still no cure.

PAH should be differentiated from pulmonary hypertension secondary to diseases of the heart and lung based on both pathology of the underlying disease and accepted treatments.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific	Preferred Agents	Non-Preferred Agents
Information:	Orenitram® ER	Uptravi®
Type of Criteria:	<ul><li>☐ Increased risk of ADE</li><li>☒ Appropriate Indications</li></ul>	<ul><li>☑ Preferred Drug List</li><li>☐ Clinical Edit</li></ul>
Data Sources:	☐ Only Administrative Databases	

## Setting & Population

- Drug class for review: Pulmonary Arterial Hypertension (PAH) Agents, Prostacyclin Pathway Agonists, Oral
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Documented diagnosis of pulmonary hypertension AND
- Documented compliance on current therapy regimen **OR**
- Adequate therapeutic trial of 1 preferred oral endothelin receptor antagonist (trial defined as 90/730 days) AND
- Adequate therapeutic trial of 1 preferred oral phosphodiesterase-5 inhibitor (trial defined as 90/730 days) AND
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents

I herapy will be denied if all approval criteria are not met
Required Documentation
Laboratory Results:  MedWatch Form:  Progress Notes: Other:
Disposition of Edit
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL
Default Approval Period
1 year

#### References

- Evidence-Based Medicine Analysis: "Primary Pulmonary Arterial Hypertension (PAH) Agents", UMKC-DIC; July 2023.
- Evidence-Based Medicine and Fiscal Analysis: "RESPIRATORY PAH Agents, Prostacyclins, Oral", Gainwell Technologies; Last updated July 24, 2023.
- Lajoie A, Bonnet S, Provencher S. Review Article: Combination Therapy in Pulmonary Arterial Hypertension: Recent accomplishments and future challenges. Pulmonary Circulation 2017; 7(2) 312-325.
- Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults 2018: update of the CHEST Guideline and Expert Panel Report. Chest. 2019; 155(3): 565-586.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.

SmartPA PDL Proposal Form

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