



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents – Oral Phosphodiesterase-5 (PDE5) and Soluble Guanylate Cyclase (SGC) Stimulators

Effective 06/25/2008

Revised 01/09/2020

Preferred Agents

- Sildenafil **Tabs** (gen Revatio)
- **Tadalafil Tabs** (gen Adcirca)

Non-Preferred Agents

- Adcirca®
- Adempas®
- Revatio® Susp/Tabs
- **Sildenafil Susp**

Approval Criteria

- Documented diagnosis of pulmonary hypertension in the past 2 years **AND**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents **OR**
- Documented compliance on current therapy regimen

Denial Criteria

- For Adempas: participant is currently pregnant
- For Revatio:
 - History of nitrate or ritonavir (Norvir or Kaletra) therapy within the last 30 days **OR**
 - Dosing <60mg/day
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030