



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents – Oral Prostacyclin Pathway Agonist

Effective 06/25/2008

Revised 01/09/2020

Preferred Agents

- Orenitram[®] ER

Non-Preferred Agents

- Uptravi[®]

Approval Criteria

- Documented diagnosis of pulmonary hypertension in the past 2 years **AND**
- 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 **OR**
- Documented compliance on current therapy regimen

Denial Criteria

- 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