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