



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents – Oral Endothelin Receptor Antagonists (ETRA)

Effective 06/25/2008

Revised 01/09/2020

Preferred Agents

- Ambrisentan
- Tracleer®

Non-Preferred Agents

- Bosentan
- Letairis®
- Opsumit®

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

- Participant is currently pregnant
- 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