Missouri Pharmacy Program – Preferred Drug List

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

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