



## Missouri Pharmacy Program – Preferred Drug List



### Pulmonary Arterial Hypertension (PAH) Agents (Oral)

Effective 01/10/2013

Revised 01/10/2019

#### Preferred Agents

- Letairis®
- Sildenafil (gen Revatio)
- Tracleer®

#### Non-Preferred Agents

- Adcirca®
- Adempas®
- Opsumit®
- Orenitram® ER
- Revatio® Tabs / Susp
- Tadalafil
- Uptravi®

### Approval Criteria

- Approved Diagnosis

ICD-9 Diagnosis	Description	ICD-10 Diagnosis	Description	Date Range
416.0	Primary pulmonary hypertension	I27.0	Primary pulmonary hypertension	730 days
416.1	Kyphoscoliotic heart disease	I27	Kyphoscoliotic heart disease	730 days
416.2	Chronic pulmonary embolism	I27.82	Chronic pulmonary embolism	730 days
416.8	Other chronic pulmonary heart diseases	I27.2	Other secondary pulmonary hypertension	730 days
416.9	Chronic pulmonary heart disease, unspecified	I27.89	Other specified pulmonary heart diseases	730 days
		I27.81	Cor pulmonale (chronic)	730 days
		I27.9	Pulmonary heart disease, unspecified	730 days

- Revatio dosing
  - 20mg three times daily
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

## Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Nitrate therapy or Norvir therapy or Kaletra therapy in last 30 days
  - Revatio
- Pregnancy Diagnosis
  - Tracleer
  - Letairis
  - Opsumit
  - Adempas
- Drug Prior Authorization Hotline: (800) 392-8030