



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents (Oral)

Effective 01/10/2013

Revised 08/01/2019

Preferred Agents

- **Ambrisentan**
- Letairis®
- Sildenafil Tabs (gen Revatio®)
- Tracleer®

Non-Preferred Agents

- Adcirca®
- Adempas®
- Opsumit®
- Orenitram® ER
- Revatio® Tabs / Susp
- Sildenafil Susp
- Tadalafil (gen Adcirca)
- Upravi®

Approval Criteria

- Appropriate diagnosis of pulmonary hypertension in the past 2 years
- 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