Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Pulmonary arterial hypertension (PAH) is a severe, progressive, and often fatal condition that occurs idioopathically as well as in association with pulmonary, cardiac, and other thoracic conditions. Reliable estimates of the total prevalence of this condition are difficult to obtain because of the diversity of identifiable causes. PAH, formerly known as primary pulmonary hypertension, is characterized by elevations in pulmonary arterial pressure (PAP) to greater than 25 mmHg at rest and greater than 30 mmHg with exercise. The disease occurs when the PAP is abnormally elevated and forces the right side of the heart to progressively work harder when it pumps blood to the lungs. Symptoms include dyspnea, fatigue, chest pain, palpitations, syncope, and edema. Prognosis varies based on the severity of disease, whether right heart failure is present, and response to vasodilator therapy. If left untreated, the disease produces increases in PAP that may lead to right ventricular failure and death. Despite recent developments in the symptomatic treatment of PAH, there is still no cure.

PAH should be differentiated from pulmonary hypertension secondary to diseases of the heart and lung based on both pathology of the underlying disease and accepted treatments.

Total program savings for the PDL classes will be regularly reviewed.
Setting & Population

- Drug class for review: Pulmonary Arterial Hypertension (PAH) Agents, Prostacyclin Pathway Agonists, Oral
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Documented diagnosis of pulmonary hypertension AND
- Documented compliance on current therapy regimen OR
- 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

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

- Laboratory Results:  
- Progress Notes:  
- MedWatch Form:  
- Other:  

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.