



Missouri Pharmacy Program – Preferred Drug List



Pulmonary Arterial Hypertension (PAH) Agents (Inhaled and Injectable)

Effective 05/12/2010

Revised 08/06/2020

Preferred Agents

- Epoprostenol Injection
- **Remodulin® SQ/IV Infusion**
- Sildenafil Injection
- Treprostinil Injection
- Tyvaso® Inhalation
- Veletri® Injection
- Ventavis® Inhalation

Non-Preferred Agents

- Flolan® Injection
- Revatio® Injection

Approval Criteria

- Documented diagnosis of pulmonary hypertension in the past 2 years **AND**
- Failure to achieve desired therapeutic outcomes with trial on 3 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

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030