



Missouri Pharmacy Program – Preferred Drug List



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

Effective 01/10/2013

Revised 08/22/2019

Preferred Agents

- Epoprostenol (injection)
- **Sildenafil (injection)**
- Ventavis® (inhalation)

Non-Preferred Agents

- Flolan® (injection)
- Remodulin® (injection)
- **Revatio® (injection)**
- Tyvaso® (inhalation)
- Veletri® (injection)

Approval Criteria

- Appropriate diagnosis of pulmonary hypertension in the past 2 years
- Documented compliance on current therapy regimen
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Combination therapy if:
 - Patient treated with first line monotherapy with an adequate trial and still has symptoms of WHO class III or IV

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