



Missouri Pharmacy Program – Preferred Drug List



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

Effective 05/12/2010

Revised 01/05/2012

Preferred Agents

- Epoprostenol
- Ventavis®

Non-Preferred Agents

- Flolan®
- Remodulin®
- Tyvaso®
- Revatio® Vial
- **Veletri®**

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Pulmonary Arterial Hypertension	416.0 WHO Group 1, with WHO functional classification III-IV	N/A	720 days
Chronic Thromboembolic Pulmonary Hypertension (CTEPH)	416.8 WHO Group 4	N/A	720 days
Pulmonary Hypertension secondary to Sarcoidosis	416.8 WHO Group 5: Sarcoidosis only	N/A	720 days

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented compliance on current therapy regimen	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents.	
Combination therapy if: <ul style="list-style-type: none"> ○ Patient treated with first line monotherapy with an adequate trial and still has symptoms of WHO class III or IV 	Drug Prior Authorization Hotline: (800) 392-8030