



Missouri Pharmacy Program – Preferred Drug List



Oral Pulmonary Hypertension Agents

Effective 06/25/2008

Revised 01/05/2012

Preferred Agents

- Revatio®
- Adcirca®
- **Letairis®**

Non-Preferred Agents

- Tracleer®

- Approved Diagnosis

| Condition | Submitted ICD-9 Diagnoses | Inferred Drugs | Date Range |
|---------------------------------|---------------------------|----------------|------------|
| Pulmonary Arterial Hypertension | 416.0 – 416.9 | -- | 730 days |

| <u>Approval Criteria</u> | <u>Denial Criteria</u> |
|---|--|
| Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents | Lack of adequate trial on required preferred agents |
| Documented trial period for preferred agents | Therapy will be denied if no approval criteria are met |
| Documented ADE/ADR to preferred agents. | Nitrate therapy or Norvir therapy or Kaletra therapy in last 30 days <ul style="list-style-type: none"> ○ Revatio |
| Documented compliance on current therapy regimen | Pregnancy Diagnosis <ul style="list-style-type: none"> ○ Tracleer ○ Letairis |
| Revatio dosing <ul style="list-style-type: none"> ○ 20mg three times daily | Drug Prior Authorization Hotline: (800) 392-8030 |