



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Letairis™ (ambrisentan)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have diagnosis of Pulmonary Arterial Hypertension (PAH)
- Member is required to have been seen by or has had a consult with an appropriate specialist for pulmonary arterial hypertension (i.e., cardiologist, pulmonologist, primary care center at a large hospital, etc.)