

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **BOTH** of the following

1. Pulmonary Arterial Hypertension (PAH) - **WHO Group I**
2. NYHA functional classification of physical activity - **Class III or IV**

AND ALL of the following:

- a. **NO** congestive heart failure (CHF) due to severe left ventricular systolic dysfunction
- b. Prescribed by or recommended by a cardiologist or pulmonologist
- c. Prescriber agrees to monitor for pulmonary edema and discontinue if confirmed

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have the following

1. Pulmonary Arterial Hypertension (PAH) - **WHO Group I**

AND ALL of the following:

- a. Symptoms have improved or stabilized
- b. **NO** congestive heart failure (CHF) due to severe left ventricular systolic dysfunction
- c. Prescriber agrees to monitor for pulmonary edema and discontinue if confirmed



**BlueCross.
BlueShield.**

Federal Employee Program.

**FLOLAN - VELETRI
(epoprostenol)**

Prior – Approval *Renewal* Limits

Same as above