

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ALL** of the following:

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

AND ALL of the following:

- a. **NO** severe hepatic impairment (Child Pugh Class C)
- b. Prescribed by or recommended by a cardiologist or pulmonologist

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

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** severe hepatic impairment (Child Pugh Class C)

Prior - Approval *Renewal* Limits

Same as above