

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Pulmonary Arterial Hypertension (PAH) - **WHO Group I**
 - a. NYHA functional classification of **physical activity** – **Class II, III, or IV**
2. Transition from Epoprostenol (Flolan/Veletri) to reduce rate of clinical deterioration

AND the following:

1. 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

Diagnoses

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

1. Pulmonary Arterial Hypertension (PAH) - **WHO Group I**
2. Symptoms have improved or stabilized

Prior – Approval *Renewal* Limits

Same as above