

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 1**
 - a. NYHA functional classification of physical activity – **Class III**
2. Pulmonary Hypertension associated with interstitial lung disease (PH-ILD) – **WHO Group 3**

AND ALL of the following for **ALL** diagnoses:

- a. Patients on antiplatelets or anticoagulants **only**: prescriber agrees to monitor patient for signs and symptoms of bleeding
- 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

Diagnoses

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

1. Pulmonary Arterial Hypertension (PAH) – **WHO Group 1**
2. Pulmonary Hypertension associated with interstitial lung disease (PH-ILD) – **WHO Group 3**

AND ALL of the following for **ALL** diagnoses:

- a. Symptoms have improved or stabilized
- b. Patients on antiplatelets or anticoagulants **only**: prescriber agrees to monitor patient for signs and symptoms of bleeding



**BlueCross
BlueShield**

Federal Employee Program.

TYVASO
(treprostinil)

Prior – Approval *Renewal* Limits

Same as above