

## Pre - PA Allowance

None

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## 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

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## 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)**

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## **Prior – Approval *Renewal* Limits**

Same as above