

Pre - PA Allowance

None

Prior-Approval 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. NYHA functional classification of physical activity - **Class III or IV**
3. Systolic blood pressure greater than or equal to 85 mm Hg
4. Prescriber agrees to monitor patient for signs and symptoms of pulmonary edema and discontinue if confirmed
5. Patients on antiplatelets or anticoagulants **only**: prescriber agrees to monitor patient for signs and symptoms of bleeding
6. 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
3. Systolic blood pressure greater than or equal to 85 mm Hg
4. Prescriber agrees to monitor patient for signs and symptoms of pulmonary edema and discontinue if confirmed

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

Prior – Approval *Renewal* Limits

Same as above