

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for drugs requiring a prior authorization for pulmonary arterial hypertension

## **STATEMENT OF THE POLICY**

Health Alliance will cover the drugs requiring a prior authorization for pulmonary arterial hypertension after B v D decisions have made based on the below criteria:

## **PROCEDURES**

- 1. FDA approved indications**
- 2. Prescribed by pulmonologist or cardiologist**
- 3. Revatio & Adcirca require a submitted Part D covered diagnosis**
- 4. Drugs will be approved for one year at a time**