

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 versus D decisions have made based on the below criteria:

PROCEDURES

1. Criteria

- 1.1 FDA approved indication.
- 1.2 Prescribed by pulmonologist or cardiologist.
- 1.3 Revatio & Adcirca require a submitted Part D covered diagnosis.
- 1.4 Drugs will be approved for one (1) year at a time.