

Priority Health Medicare Prior Authorization Criteria (Part D)

Uptravi®

Products affected

- Uptravi®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient must have World Health Organization (WHO) group 1 classification of pulmonary arterial hypertension.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A