

## macitentan (OPSUMIT)

### Diagnosis Considered for Coverage:

- Pulmonary Arterial Hypertension (PAH) (WHO Group I Pulmonary Hypertension)

### Coverage Criteria:

#### For Pulmonary Arterial Hypertension (WHO Group I):

- WHO group 1 classification, and
- Patient is at least 18 years of age, and
- Dose does not exceed 10 mg per day.

### Coverage Duration: one year

Effective Date: 11/29/2023