

<b>Policy Name:</b>	<b>Tyvaso (treprostinil)</b>	<b>Policy #:</b>	<b>2454P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Tyvaso.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Tyvaso under the specialty pharmacy benefit when the following criteria have been met.

## Criteria

- 1. Coverage Criteria for Pulmonary Arterial Hypertension (PAH)**
  - 1.1 See Pulmonary Arterial Hypertension products policy
- 2. Coverage Criteria for Pulmonary HTN Associated with Interstitial Lung Disease (PH-ILD)**
  - 2.1 Diagnosis of PH-ILD with WHO Group 3 pulmonary hypertension
  - 2.2 Age 18 years or older
  - 2.3 Prescribed by or in consultation with a cardiologist or pulmonologist
- 3. Managed Dose Limit**
  - 3.1 Inhaled Tyvaso for PH-ILD: 72 mcg (12 breaths) four times daily
- 4. Approval Time**
  - 4.1 Initial: 12 months
  - 4.2 Reauthorization: 12 months with documented clinical benefit

## CPT Codes

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## HCPCS Codes

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## References

1. Tyvaso DPI/inhalation solution (treprostinil) [prescribing information]. Research Triangle Park, NC: United Therapeutics Corp; November 2023.
2. Humbert M, Kovacs G, Hoeper MM, et al; ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
3. Nathan SD, Deng C, King CS, et al. Inhaled Treprostinil Dosage in Pulmonary Hypertension Associated With Interstitial Lung Disease and Its Effects on Clinical Outcomes. *Chest* 2023; 163:398.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.