

POLICY NAME	Tyvaso (treprostinil)	POLICY #	2454P
--------------------	-----------------------	-----------------	--------------

Criteria

Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

- ☐ 1.1 See Pulmonary Arterial Hypertension products policy

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