

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
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- ☐ 2.2 Age 18 years or older
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- ☐ 2.3 Prescribed by or in consultation with a cardiologist or pulmonologist

Approval Time

- ☐ 4.1 Initial: 12 months
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- ☐ 4.2 Reauthorization: 12 months with documented clinical benefit CPT Codes HCPCS Codes