

POLICY NAME	Tyvaso (treprostinil)	POLICY #	2454P
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Criteria

Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

- ☐ See Pulmonary Arterial Hypertension products policy

Coverage Criteria for Pulmonary HTN Associated with Interstitial Lung Disease (PH-ILD)

- ☐ Diagnosis of PH-ILD with WHO Group 3 pulmonary hypertension
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a cardiologist or pulmonologist