

treprostinil inhalation powder (TYVASO DPI)

Diagnoses Considered for Coverage:

- Pulmonary arterial hypertension (PAH; WHO Group 1)
- Pulmonary hypertension associated with interstitial lung disease (PH-ILD; WHO Group 3)

Coverage Criteria:

For pulmonary arterial hypertension (PAH):

- Dose does not exceed 256 mcg per day, **and**
- WHO group 1 classification, **and**
- Inadequate response or intolerance to one preferred endothelin receptor antagonist (ERA) (e.g. ambrisentan [Letairis], Opsumit, bosentan [Tracleer]) or contraindication to all, **and**
- Inadequate response or intolerance preferred phosphodiesterase type 5 (PDE-5) inhibitor (e.g. tadalafil [Adcirca, Alyq], sildenafil [Revatio]) or contraindication to all.

For pulmonary hypertension associated with interstitial lung disease (PH-ILD):

- Dose does not exceed 256 mcg per day, **and**
- Prescribed by or in consultation with a pulmonologist.

Coverage Duration: one year

Effective Date: 11/29/2023