

treprostinil (Tyvaso)

Commercial Medical Benefit Drug Policy

Place of Service

Home Infusion Administration

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

Drug Details

USP Category: RESPIRATORY TRACT/PULMONARY AGENTS

Mechanism of Action: A synthetic analog of prostacyclin

HCPCS:

J7686:Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg

How Supplied:

Sterile solution for oral inhalation: 2.9 mL ampule containing 1.74 mg treprostinil (0.6 mg per mL)

Condition(s) listed in policy *(see coverage criteria for details)*

- Pulmonary Arterial Hypertension WHO Group I
- Pulmonary Hypertension Associated with Interstitial Lung Disease

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Pulmonary Hypertension Associated with Interstitial Lung Disease

Meets medical necessity if all the following are met:

1. Patient has interstitial lung disease
2. Prescribed by or in consultation with a pulmonologist

Covered Doses:

Inhalation treatment: Up to 72 mcg per treatment session administered up to four treatment sessions per day [max of 1 ampule (1.74 mg) per day]

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

I27.23, J17, J61, J67.9, J84.10, J84.111, J84.112, M34.81

The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.

Pulmonary Arterial Hypertension WHO Group I**Covered Doses:**

Inhalation treatment: Up to 72 mcg per treatment session administered in up to four treatment sessions per day [max of 1 ampule (1.74 mg) per day]

ICD-10:

I27.0, I27.21

Additional Information

Clinical classification of pulmonary hypertension (6th World Symposium on Pulmonary Hypertension)

1 PAH
1.1 Idiopathic PAH 1.2 Heritable PAH 1.3 Drug- and toxin-induced PAH 1.4 PAH associated with: 1.4.1 Connective tissue disease 1.4.2 HIV infection 1.4.3 Portal hypertension 1.4.4 Congenital heart disease 1.4.5 Schistosomiasis 1.5 PAH long-term responders to calcium channel blockers 1.6 PAH with overt features of venous/capillaries (PVOD/PCH) involvement 1.7 Persistent PH of the newborn syndrome
2 PH due to left heart disease
2.1 PH due to heart failure with preserved LVEF 2.2 PH due to heart failure with reduced LVEF 2.3 Valvular heart disease 2.4 Congenital/acquired cardiovascular conditions leading to post-capillary PH
3 PH due to lung diseases and/or hypoxia
3.1 Obstructive lung disease 3.2 Restrictive lung disease 3.3 Other lung disease with mixed restrictive/obstructive pattern 3.4 Hypoxia without lung disease

3.5 Developmental lung disorders
4 PH due to pulmonary artery obstructions
4.1 Chronic thromboembolic PH
4.2 Other pulmonary artery obstructions
5 PH with unclear and/or multifactorial mechanisms
5.1 Haematological disorders
5.2 Systemic and metabolic disorders
5.3 Others
5.4 Complex congenital heart disease

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Gatzoulis A, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension European Respiratory Journal 2019, 53 (1) 1-13.
4. Humbert M, Kovacs G, Hoeper M, et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: Developed by the task force for the diagnosis and treatment of pulmonary hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS). Endorsed by the International Society for Heart and Lung Transplantation (ISHLT) and the European Reference Network on rare respiratory distress (ERN-LUNG). European Heart Journal, 2022; 43 (38): 3618-3731.
5. Tyvaso (treprostinil) [Prescribing information]. Research Triangle Park, NC: United Therapeutics Corp.; 5/2022.

Review History

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*