

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Tyvaso is a prostacyclin mimetic indicated for the treatment of pulmonary arterial hypertension (PAH; WHO Group 1) and pulmonary hypertension associated with interstitial lung disease (PH-ILD; WHO Group 3).						
Exclusion Criteria	None.						
Required Medical Information	<p>For initial coverage of PAH (WHO Group 1):</p> <ul style="list-style-type: none"> Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment. Must have confirmation of diagnosis by right heart catheterization. <p>For initial coverage of PH-ILD (WHO Group 3):</p> <ul style="list-style-type: none"> Medical records supporting the request must be provided - AND - Must have confirmation of diagnosis by right heart catheterization Must provide the patient's baseline six-minute walk test (6MWT) - AND Must have PH-ILD associated with IPF, CTD, or combined IPF and emphysema (CPFE). PH-ILD associated with other phenotypes such as COPD is not covered based on the current 2022 ESC/ERS Guidelines. 						
Age Restriction	None.						
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
Coverage Duration	<p>For PAH: two years initial and reauthorization.</p> <p>For PH-ILD: one year initial and two years reauthorization. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.</p>						
Other Criteria/Information	<p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7686</td> <td>Tyvaso (treprostinil) inhalation</td> <td>Billing unit: 1.74 mg 1.74 mg/2.9 mL SD ampule</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7686	Tyvaso (treprostinil) inhalation	Billing unit: 1.74 mg 1.74 mg/2.9 mL SD ampule
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025