

## **Clinical Policy: Aprocitentan (Tryvio)**

Reference Number: PA.CP.PHAR.676

Effective Date: 05/2025

Last Review Date: 04/2025

### **Description**

Aprocitentan (Tryvio<sup>™</sup>) is an endothelin receptor antagonist.

### **FDA Approved Indication(s)**

Tryvio is indicated for the treatment of hypertension in combination with other antihypertensive drugs, to lower blood pressure in adult patients who are not adequately controlled on other drugs. Lowering blood pressure reduces the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions.

### **Policy/Criteria**

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness<sup>®</sup> that Tryvio is **medically necessary** when the following criteria are met:

#### **I. Initial Approval Criteria**

##### **A. Hypertension (must meet all):**

1. Diagnosis of hypertension;
2. Age  $\geq$  18 years;
3. Documentation of recent (within the last 30 days) blood pressure  $\geq$  140/90 mmHg, and both of the following (a and b):
  - a. Tryvio is prescribed concurrently with an antihypertensive regimen containing THREE or more drug classes, unless clinically significant adverse effects are experienced or all are contraindicated (*see Appendix B for examples*);
  - b. Member has been adherent for at least the last 4 weeks at up to maximally tolerated doses of an antihypertensive drug regimen containing at least three different antihypertensive drug classes;
4. Tryvio is not prescribed concurrently with endothelin receptor antagonists (e.g., ambrisentan [Letairis<sup>®</sup>], bosentan [Tracleer<sup>®</sup>], Opsumit<sup>®</sup>, Filspari<sup>®</sup>);
5. Dose does not exceed 12.5 mg (1 tablet) per day.

**Approval duration: 6 months**

##### **B. Other diagnoses/indications**

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

#### **II. Continued Therapy**

##### **A. Hypertension (must meet all):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. Tryvio is not prescribed concurrently with endothelin receptor antagonists (e.g., ambrisentan [Letaris], bosentan [Tracleer], Opsumit, Filspari);
4. If request is for a dose increase, new dose does not exceed 12.5 mg (1 tablet) per day.

**Approval duration: 12 months**

**B. Other diagnoses/indications (must meet 1 or 2):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

**Approval duration: Duration of request or 12 months (whichever is less); or**

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

REM: restricted distribution program

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Thiazide or thiazide-type diuretics (e.g., chlorthalidone, hydrochlorothiazide (HCTZ), metolazone)	Varies	Varies
Angiotensin-converting enzyme (ACE) inhibitors (e.g., benazepril, captopril, enalapril, lisinopril, quinapril)	Varies	Varies
Angiotensin-receptor blockers (ARB) (e.g., candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan)	Varies	Varies
Calcium-channel blockers (e.g., amlodipine, nifedipine, diltiazem, verapamil)	Varies	Varies
Loop diuretics (e.g., bumetanide, furosemide, torsemide)	Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Potassium sparing diuretics (e.g., amiloride, triamterene)	Varies	Varies
Aldosterone antagonists (e.g., spironolactone, eplerenone)	Varies	Varies
Beta blockers (e.g., atenolol, bisoprolol, metoprolol, propranolol, carvedilol)	Varies	Varies
Direct renin inhibitor (e.g., aliskiren)	Varies	Varies
Alpha-1 blockers (e.g., doxazosin, prazosin, terazosin)	Varies	Varies
Centrally acting drugs (e.g., clonidine, methyldopa, guanfacine)	Varies	Varies
Direct vasodilators (e.g., hydralazine, minoxidil)	Varies	Varies

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s): pregnancy; hypersensitivity
- Boxed warning(s): embryo-fetal toxicity; Tryvio is only available through a restricted distribution (REMS)

**V. Dosage and Administration**

Indication	Dosing Regimen	Maximum Dose
Hypertension	12.5 mg PO QD	12.5 mg/day

**VI. Product Availability**

Tablet: 12.5 mg

**VII. References**

1. Tryvio Prescribing Information. Radnor, PA: Idorsia Pharmaceuticals US Inc. April 2024. Available at: <https://www.tryvio.com>. Accessed February 14, 2025.
2. Clinical Pharmacology [database online]. Tampa, FL: Elsevier; 2025. URL: [www.clinicalkeys.com/pharmacology](http://www.clinicalkeys.com/pharmacology).
3. Danaïetash P, Verweij P, Wang JG, et al; PRECISION investigators. Identifying and treating resistant hypertension in PRECISION: A randomized long-term clinical trial with aprocitentan. *J Clin Hypertens* (Greenwich). 2022 Jul;24(7):804-813. doi: 10.1111/jch.14517.
4. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018 Jun;71(6):1269-1324. doi: 10.1161/HYP.0000000000000066. Epub 2017 Nov 13. Erratum in: *Hypertension*. 2018 Jun;71(6):e136-e139. Erratum in: *Hypertension*. 2018 Sep;72(3):e33.

5. Carey RM, Calhoun DA, Bakris GL, et al; Resistant hypertension: Detection, evaluation, and management: A scientific statement from the American Heart Association. *Hypertension*. 2018 Nov;72(5):e53-e90. doi: 10.1161/HYP.0000000000000084.
6. Arguedas JA, Leiva V, Wright JM. Blood pressure targets in adults with hypertension. *Cochrane Database Syst Rev*. 2020 Dec 17;12(12):CD004349. doi: 10.1002/14651858.CD004349.pub3.
7. Unger T, Borghi C, Charchar F, et al. 2020 International Society of Hypertension Global Hypertension Practice Guidelines. *Hypertension*. 2020 Jun;75(6):1334-1357. doi: 10.1161/HYPERTENSIONAHA.120.15026.
8. McEvoy JW, McCarthy CP, Bruno RM, et al; ESC Scientific Document Group. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. *Eur Heart J*. 2024 Oct 7;45(38):3912-4018. doi: 10.1093/eurheartj/ehae178. Erratum in: *Eur Heart J*. 2025 Feb 11;ehaf031. doi: 10.1093/eurheartj/ehaf031.

Reviews, Revisions, and Approvals	Date
Policy created	04/2025