

Clinical Policy: Aprocitentan (Tryvio)

Reference Number: PA.CP.PHAR.676

Effective Date: 05/2025

Last Review Date: 04/2026

Description

Aprocitentan (Tryvio™) 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® 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 (BP), and one of the following (a or b):
 - a. If BP \geq 130/80 mmHg, and both of the following (i and ii):
 - i. 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*);
 - ii. 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;
 - b. If BP < 130/80 mmHg, both of the following (i and ii):
 - i. Tryvio is prescribed concurrently with an antihypertensive regimen containing **FOUR** or more drug classes, unless clinically significant adverse effects are experienced or all are contraindicated (*see Appendix B for examples*);
 - ii. 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 **four** different antihypertensive drug classes;
4. Tryvio is not prescribed concurrently with endothelin receptor antagonists (e.g., ambrisentan [Letairis®], bosentan [Tracleer®], Opsumit®, Filspari®);
5. Dose does not exceed 12.5 mg (1 tablet) per day.

Approval duration: 12 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

BP: blood pressure

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), indapamide)	Varies	Varies
Angiotensin-converting enzyme (ACE) inhibitors (e.g., benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril)	Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Angiotensin-receptor blockers (ARB) (e.g., azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan)	Varies	Varies
Calcium-channel blockers – dihydropyridines (e.g., amlodipine, felodipine, isradipine, nifedipine, nisoldipine)	Varies	Varies
Calcium-channel blockers – nondihydropyridines (diltiazem, verapamil)	Varies	Varies
Loop diuretics (e.g., bumetanide, furosemide, torsemide)	Varies	Varies
Potassium sparing diuretics (e.g., amiloride, triamterene)	Varies	Varies
Aldosterone antagonists (e.g., spironolactone, eplerenone)	Varies	Varies
Beta blockers (e.g., atenolol, betaxolol, bisoprolol, metoprolol, nebivolol, nadolol, propranolol, carvedilol, acebutolol, penbutolol, pindolol)	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 2025. Available at: <https://www.tryvio.com>. Accessed February 11, 2026.
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4. Jones DW, Ferdinand KC, Taler SJ, et al. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM 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 Joint Committee on Clinical Practice Guidelines. *Hypertension*. 2025 Oct;82(10):e212-e316. doi: 10.1161/HYP.000000000000249. Epub 2025 Aug 14. Erratum in: *Hypertension*. 2025 Dec;82(12):e350. doi: 10.1161/HYP.000000000000257.
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.
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Reviews, Revisions, and Approvals	Date
Policy created	04/2025
2Q 2026 annual review: for initial approval criteria, revised BP threshold from $\geq 140/90$ mmHg to $\geq 130/80$ mmHg per 2025 ACC/AHA guideline, added pathway for use in BP $< 130/80$ mmHg if adherent to and prescribed concurrently with four or more antihypertensive drug classes; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.	04/2026