Louisiana Medicaid
Aprocitentan (Tryvio™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for aprocitentan (Tryvio™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of hypertension; **AND**
- The prescriber submits documentation confirming **BOTH** of the following:
    - The requested medication is prescribed concurrently with an antihypertensive regimen containing three or more drug classes, unless clinically significant adverse effects are experienced or all are contraindicated; **AND**
    - The recipient 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.

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy; **AND**
- The prescriber **states on the request** that medication continues to be prescribed concurrently with an appropriate antihypertensive regimen.

Duration of approval for continuation of therapy: 12 months

References

ClinicalTrials.gov. A Research Study to Show the Effect of Aprocitentan in the Treatment of Difficult to Control (Resistant) High Blood Pressure (Hypertension) and Find Out More About Its Safety (PRECISION). https://clinicaltrials.gov/study/NCT03541174

Tryvio (aprocitentan) [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc; April 2024. https://www.idorsia.us/dam/jcr:d834ee09-2e6c-443d-b3ac-c111e38f0990/tryvio_pi.pdf

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