

**Tryvio (aprocitentan)**  
**Effective 04/01/2025**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

**Overview**

Tryvio (aprocitentan) is an endothelin receptor antagonist 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.

**Coverage Guidelines**

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted all of the following criteria are met:

1. Diagnosis of hypertension
2. Other causes of hypertension have been excluded (e.g., white coat hypertension, secondary causes, medication nonadherence)
3. Member has not achieved goal blood pressure after treatment with at least one agent from at least three of the following classes at a maximally tolerated dose for a minimum of 4 weeks each:
  - a. Angiotensin converting enzyme (ACE) inhibitor (e.g., captopril, lisinopril, enalapril) or angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan)
  - b. Diuretic (e.g., hydrochlorothiazide, chlorthalidone)
  - c. Calcium channel blocker (e.g., amlodipine, nifedipine)
  - d. Mineralocorticoid receptor antagonist (e.g., eplerenone, spironolactone)
4. Requested medication will be used with at least three antihypertensive medications from different classes

**Continuation of Therapy**

Requests for reauthorization will be approved when all of the following criteria are met:

1. Member demonstrates a positive clinical response to therapy (e.g., decreased blood pressure)

2. Member continues to use the requested medication in combination with at least three antihypertensives
3. Member has been adherent to therapy with the requested medication

### Limitations

1. Initial and reauthorization requests will be approved for 12 months.
2. The following quantity limitations apply:

Drug Name	Quantity Limit
Tryvio 12.5 mg tablet	1 tablet per day

### References

1. Angeli F, Verdecchia P, Reboldi G. Aprocitentan, a dual endothelin receptor antagonist under development for the treatment of resistant hypertension. *Cardiol Ther.* 2021;10(2):397-406.
2. Bakris GL, Lindholm LH, Black HR, et al. Divergent results using clinic and ambulatory blood pressures: report of a darusentan-resistant hypertension trial. *Hypertension.* 2010;56(5):824-830.
3. Carey RM, Calhoun DA, Bakris GL, et al; American Heart Association Professional/Public Education and Publications Committee of the Council on Hypertension; Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; Council on Genomic and Precision Medicine; Council on Peripheral Vascular Disease; Council on Quality of Care and Outcomes Research; and Stroke Council. Resistant hypertension: Detection, evaluation, and management: A scientific statement from the American Heart Association. *Hypertension.* 2018;72(5):e53-e90.
4. Chobufo MD, Gayam V, Soluny J, et al. Prevalence and control rates of hypertension in the USA: 2017-2018. *Int J Cardiol Hypertens.* 2020;6:100044.
5. Coles S, Fisher L, Lin KW, Lyon C, Vosooney AA, Bird MD. Blood pressure targets in adults with hypertension: A clinical practice guideline from the AAFP. *Am Fam Physician.* 2022;106(6):Online. PMID: 36521481.
6. 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;24(7):804-813.
7. Mancia G, Kreutz R, Brunström M, et al. 2023 ESH guidelines for the management of arterial hypertension, the task force for the management of arterial hypertension of the European Society of Hypertension: Endorsed by the International Society of Hypertension (ISH) and the European Renal Association (ERA). *J Hypertens.* 2023;41(12):1874-2071.
8. Martin SS, Aday AW, Almarzooq ZI, et al; American Heart Association council on epidemiology and prevention statistics committee and stroke statistics subcommittee. 2024 heart disease and stroke statistics: A report of US and global data from the American Heart Association. *Circulation.* 2024;149(8):e347-e913.
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10. Tryvio (aprocitentan) [prescribing information]. Radnor, PA: Idorsia Pharmaceuticals US Inc; April 2024.
11. Verweij P, Danaïetash P, Flamion B, Ménard J, Bellet M. Randomized dose-response study of the new dual endothelin receptor antagonist aprocitentan in hypertension. *Hypertension.* 2020;75(4):956-965.
12. 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. *J Am Coll Cardiol*. 2018;71(19):e127-e248.

13. Williams B, MacDonald TM, Morant S, et al; British Hypertension Society's PATHWAY studies group. Spironolactone versus placebo, bisoprolol, and doxazosin to determine the optimal treatment for drug-resistant hypertension (PATHWAY-2): a randomised, double-blind, crossover trial. *Lancet*. 2015;386(10008):2059-2068.

#### **Review History**

01/08/2025 – Reviewed at January P&T. Effective 04/01/2025.

