

Aprocitentan (Tryvio)

Goal(s):

- To ensure medication use for FDA-approved indications supported by literature.

Length of Authorization:

Up to 12 months

Requires PA:

- aprocitentan

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is there a diagnosis of resistant hypertension? NOTE: Resistant hypertension is defined as not achieving target blood pressure despite treatment with at least 3 antihypertensive medications from different classes for an adequate duration (~ 4 weeks) at maximally tolerated doses.	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Is the patient on concomitant therapy with at least three other antihypertensive agents at maximally tolerated doses, including the following: a. Blocker of the renin-angiotensin system (angiotensin-converting enzyme [ACE] inhibitor or angiotensin II receptor blocker [ARB]) b. Calcium channel blocker c. Thiazide or thiazide-like diuretic	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness

Approval Criteria

4. Does the patient meet ONE of the following:
- a. Is currently taking a mineralocorticoid receptor antagonist (MRA) (e.g. spironolactone, eplerenone), with at least three other antihypertensive medications; OR
 - b. Has had an inadequate treatment response in blood pressure to an MRA; OR
 - c. Has an intolerance or contraindication to an MRA

Yes: Approve for 6 months

No: Pass to RPh. Deny; medical appropriateness

*P&T/DUR Review: 4/2025 (MH)
Implementation: 5/12/25*