Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria  

Tyvaso™ (treprostinil)  

Review Criteria  

Member must meet all the following criteria:  

- Subject to Preferred Drug List requirements  
- Member must have diagnosis of pulmonary arterial hypertension (PAH)  
- Member is required to have been seen by or has had a consultation with an appropriate specialist for pulmonary arterial hypertension (i.e., cardiologist, pulmonologist, primary care center at a large hospital, etc.)