



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tryvio

Page: 1 of 2

Effective Date: 9/17/2026

Last Review Date: 8/2026

Applies to:	☒ Illinois	☐ Florida	☒ Florida Kids
	☒ New Jersey	☒ Maryland	☐ Michigan
	☒ Pennsylvania Kids	☒ Virginia	☐ Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Tryvio under the patient's prescription drug benefit.

Description:

FDA-approved Indications

Tryvio, in combination with other antihypertensive drugs, is indicated for the treatment of hypertension, to lower blood pressure (BP) in adult patients who are not adequately controlled on other drugs. Lowering BP reduces the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions. These benefits have been seen in controlled trials of antihypertensive drugs from a wide variety of pharmacologic classes. There are no controlled trials demonstrating reduction of risk of these events with Tryvio.

Applicable Drug List:

Tryvio

Policy/Guideline:

Coverage Criteria

Hard to Control Hypertension

Authorization may be granted when the requested drug is being prescribed to lower blood pressure (BP) in an adult patient who is NOT adequately controlled on other drugs when ALL of the following criteria are met:

- The patient has hard to control hypertension. [NOTE: A patient has hard to control hypertension when they take TWO or more antihypertensive medications, including a diuretic, at maximally tolerated doses, but does NOT achieve BP control.]
- The requested drug will be used in combination with at least TWO other antihypertensive agents, including a diuretic, at maximally tolerated doses. [NOTE: A combination product, containing two different blood pressure lowering agents, would be considered two antihypertensive agents.]



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Continuation of Therapy

Hard to Control Hypertension

Authorization may be granted when the requested drug is being prescribed to lower blood pressure (BP) in an adult patient who is NOT adequately controlled on other drugs when ALL of the following criteria are met:

- The patient has achieved or maintained a positive clinical response to the treatment as evidenced by a reduction in BP from baseline.
- The requested drug will continue to be used in combination with at least TWO other antihypertensive agents, including a diuretic, at maximally tolerated doses. [NOTE: A combination product, containing two different blood pressure lowering agents, would be considered two antihypertensive agents.]

Approval Duration and Quantity Restrictions:

Initial Approval: 6 months

Renewal Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

1. Tryvio [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; September 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2026. <https://online.lexi.com>. Accessed June 25, 2026.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/25/2026).
4. Schlaich MP, Bellet M, Weber MA, et al. Dual endothelin antagonist aprocitentan for resistant hypertension (PRECISION): a multicentre, blinded, randomized, parallel-group, phase 3 trial. *Lancet*. 2022;400(10367):1927-1937.
5. 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 Task Force on Clinical Practice Guidelines. *Hypertension*. 2025;82(10):e212-e316.