

Medical Policy

Prostacyclin Analogs

Last review date: **1/1/2026**

Prior review date: **7/1/2025**

Applicable Products

treprostinil

Remodulin (treprostinil)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Must be prescribed by a cardiologist or pulmonologist who specializes in pulmonary hypertension; **AND**
- Must have a diagnosis of PAH (WHO Group 1); **AND**
- Must have WHO functional class II to IV symptoms; **AND**
- For Remodulin, must have trial and failure, intolerance, or a contraindication to generic treprostinil

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet initial approval criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization

1 Year

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.