

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Treprostinil inhalation powder (Yutrepia)

#### Notes:

- Quantity Limits: No
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation.

#### **Initiation (new start) criteria and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

Formulary **treprostinil inhalation powder (Yutrepia)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is pulmonologist or cardiologist
- Patient has a diagnosis of pulmonary arterial hypertension World Health Organization [WHO] Group I. Diagnosis confirmed by right heart catheterization.
- Patient has WHO/New York Heart Association Functional Class II, III or IV symptoms.
- Patient has tried or is currently receiving two oral therapies for PAH from two of the three following different categories (either alone or in combination): A phosphodiesterase type 5 (PDE5) inhibitor (e.g. sildenafil, tadalafil), an endothelin receptor antagonist (ERA) (e.g., ambrisentan, bosentan), riociguat tablets)

#### **-OR-**

Patient is receiving or has received in the past a prostacyclin therapy (e.g., epoprostenol, treprostinil) or a prostacyclin receptor agonist (e.g., selexipag)

#### **-OR-**

- Prescriber is pulmonologist or cardiologist
- Patient has a diagnosis of pulmonary hypertension associated with interstitial lung disease (PH-ILD) (WHO Group 3) confirmed by right heart catheterization.