

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Aprocitentan (Tryvio)

Notes:

- Quantity Limits: No
- ^ Adequate trial is defined as 4 weeks treatment duration
- * 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: Non-formulary **aprocitentan (Tryvio)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of resistant hypertension
- Prescriber is a Nephrologist
- Patient is currently maintained on at least three other anti-hypertensive agents at maximally tolerated doses
- Patient's blood pressure is not able to be controlled on at least three anti-hypertensive agents of different pharmacologic classes at maximally tolerated dose for at least 4 weeks
- Patient has failed an adequate trial^ of or patient has an allergy or intolerance* to a potent diuretic (i.e., chlorthalidone or indapamide) and/or a mineralocorticoid receptor antagonist (i.e., spironolactone or eplerenone)

Criteria for current Kaiser Permanente members and/or new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **aprocitentan (Tryvio)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

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- Patient is currently maintained on at least three other anti-hypertensive agents at maximally tolerated doses
- Physician attestation that patient continue to have benefit