

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Treprostinil, dry powder (Tyvaso DPI)

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:

Non-formulary **treprostinil, dry powder (Tyvaso DPI)** 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)
 - Adempas (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)