

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Treprostinil inhalation solution (Tyvaso)

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 inhalation solution (Tyvaso)** 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)