CVS Caremark®

| Reference number(s) |
| --- |
| 6455-A |

# Specialty Guideline Management Winrevair

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Winrevair | sotatercept-csrk |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications1

Winrevair is indicated for the treatment of adults with pulmonary arterial hypertension (PAH, World Health Organization [WHO] Group 1) to increase exercise capacity, improve WHO functional class (FC), and reduce the risk of clinical worsening events.

All other indications are considered experimental/investigational and not medically necessary.

## Documentation

Submission of the following information is necessary to initiate the prior authorization review for initial requests: Chart notes, medical record documentation, or claims history supporting current pulmonary arterial hypertension (PAH) therapy.

## Prescriber Specialties

This medication must be prescribed by or in consultation with a pulmonologist or cardiologist.

## Coverage Criteria

### Pulmonary Arterial Hypertension (PAH)1-7

Authorization of 12 months may be granted for treatment of PAH in members 18 years of age and older when ALL of the following criteria are met:

* Member has PAH defined as Who Group 1 class of pulmonary hypertension (refer to Appendix).
* PAH was confirmed by right heart catheterization with all of the following pretreatment (before any PAH therapy) results:
  + Mean pulmonary arterial pressure (mPAP) > 20 mmHg
  + Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
  + Pulmonary vascular resistance (PVR) > 2 Wood units
* The requested medication will be used as add-on therapy.
* Member is currently receiving PAH therapy with medications from at least two of the following drug classes:
  + Endothelin receptor antagonist (e.g., Letairis, Opsumit, Tracleer)
  + Phosphodiesterase-5 inhibitor (e.g., Adcirca, Revatio)
  + Soluble guanylate cyclase stimulator (e.g., Adempas)
  + Prostacyclin analog (e.g., Flolan, Orenitram, Remodulin, Tyvaso, Veletri, Ventavis)
  + Prostacyclin receptor agonist (e.g., Uptravi)

## Continuation of Therapy

Authorization of 12 months may be granted for members with an indication listed in the coverage criteria section who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

## Appendix

### WHO Classification of Pulmonary Hypertension (PH)6

Note: Patients with heritable PAH or PAH associated with drugs and toxins might be long-term responders to calcium channel blockers.

#### Group 1: Pulmonary Arterial Hypertension (PAH)

* Idiopathic
  + Long-term responders to calcium channel blockers
* Heritable
* Associated with drugs and toxins
* Associated with:
  + Connective tissue disease
  + Human immunodeficiency virus (HIV) infection
  + Portal hypertension
  + Congenital heart disease
  + Schistosomiasis
* PAH with features of venous/capillary (pulmonary veno-occlusive disease [PVOD]/pulmonary capillary hemangiomatosis [PCH]) involvement
* Persistent PH of the newborn

#### Group 2: PH associated with Left Heart Disease

* Heart failure:
  + With preserved ejection fraction
  + With reduced or mildly reduced ejection fraction
  + Cardiomyopathies with specific etiologies (i.e., hypertrophic, amyloid, Fabry disease, and Chagas disease)
* Valvular heart disease:
  + Aortic valve disease
  + Mitral valve disease
  + Mixed valvular disease
* Congenital/acquired cardiovascular conditions leading to post-capillary PH

#### Group 3: PH associated with Lung Diseases and/or Hypoxia

* Chronic obstructive pulmonary disease (COPD) and/or emphysema
* Interstitial lung disease
* Combined pulmonary fibrosis and emphysema
* Other parenchymal lung diseases (i.e., parenchymal lung diseases not included in Group 5)
* Nonparenchymal restrictive diseases:
  + Hypoventilation syndromes
  + Pneumonectomy
* Hypoxia without lung disease (e.g., high altitude)
* Developmental lung diseases

#### Group 4: PH associated with Pulmonary Artery Obstructions

* Chronic thromboembolic PH
* Other pulmonary artery obstructions:
  + Sarcomas (high- or intermediate-grade or angiosarcoma)
  + Other malignant tumors (e.g., renal carcinoma, uterine carcinoma, germ-cell tumors of the testis)
  + Non-malignant tumors (e.g., uterine leiomyoma)
  + Arteritis without connective tissue disease
  + Congenital pulmonary artery stenoses
  + Hydatidosis

#### Group 5: PH with Unclear and/or Multifactorial Mechanisms

* Hematological disorders, including inherited and acquired chronic hemolytic anemia and chronic myeloproliferative disorders
* Systemic disorders: Sarcoidosis, pulmonary Langerhans cell histiocytosis, and neurofibromatosis type 1
* Metabolic disorders, including glycogen storage diseases and Gaucher disease
* Chronic renal failure with or without hemodialysis
* Pulmonary tumor thrombotic microangiopathy
* Fibrosing mediastinitis
* Complex congenital heart disease

## References

1. Winrevair [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; March 2024.
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3. Hoeper MM, Badesch DB, Ghofrani HA, et al. Phase 3 trial of sotatercept for treatment of pulmonary arterial hypertension. Supplementary appendix. N Engl J Med. 2023;Suppl Appendix.
4. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. Eur Respir J. 2019;53(1):1801913. doi:10.1183/13993003.01913-2018
5. Acceleron Pharma, Inc. A Study of Sotatercept for the Treatment of Pulmonary Arterial Hypertension (MK-7962-003/​A011-11)(STELLAR). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [4/25/2024]. Available from: https://clinicaltrials.gov/study/NCT04576988. NLM Identifier: NCT04576988.
6. Kovacs G, Bartolome S, Denton CP, et al. Definition, classification and diagnosis of pulmonary hypertension. Eur Respir J. 2024;64(4):2401324. doi: 10.1183/13993003.01324-2024
7. Chin KM, Gaine SP, Gerges C, et al. Treatment algorithm for pulmonary arterial hypertension. Eur Respir J. 2024;64(4):2401325. doi: 10.1183/13993003.01325-2024