UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for PAH

Program	Prior Authorization – PAH Agents
Medication	Adcirca® (tadalafil), Adempas® (riociguat), Letairis® (ambrisentan), Opsumit® (macitentan), Orenitram™ (treprostinil), Revatio (sildenafil citrate) powder for oral suspension, Revatio (sildenafil citrate) tablets, Tracleer® (bosentan), Uptravi® (selexipag)
Markets in Scope	California, Colorado, Hawaii, Maryland, Nevada, New York Chip, New York EPP, Rhode Island, Pennsylvania- CHIP, New Jersey, South Carolina
Issue Date	4/2014
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	12/2020

1. Background:

Pulmonary arterial hypertension (PAH) is a progressive disease characterized by elevated pressure in the vessels that carry blood between the heart and the lungs. This results in ventricular dysfunction, reduced exercise capacity, the potential for right sided heart failure, and even death.

Several mechanisms have been identified in the pathogenesis of PAH, leading to the development of four classes of medications to treat the disorder. Endothelin receptor antagonists (ERAs), phosphodiesterase-5 (PDE-5) inhibitors, prostacyclin analogs, and soluble guanylate cyclase (sGC) stimulators may be used as monotherapy, sequential combination therapy, or simultaneous combination therapy to treat PAH.[1]

Letairis (ambrisentan), Tracleer (bosentan), and Opsumit (macitentan) are oral endothelian receptor antagonists (ERA). Letairis is indicated for the treatment of PAH (WHO Group 1) to improve exercise ability and delay clinical worsening. It is also indicated in combination with tadalafil to reduce the risks of disease progression and hospitalization for worsening PAH and to improve exercise ability. Tracleer is indicated for the treatment of PAH (WHO Group 1) to improve exercise ability and to decrease clinical worsening in adult patients, and improve pulmonary vascular resistance, which is expected to result in an improvement in exercise ability in pediatric patients aged 3 years and older. Opsumit is indicated for the treatment of PAH (WHO Group I) to reduce the risks of disease progression and hospitalization for PAH.

Revatio (sildenafil) and Adcirca (tadalafil) are oral PDE-5 inhibitors. Revatio is indicated for the treatment of PAH (WHO Group I) in adults to improve exercise ability and delay clinical

worsening. Adcirca is indicated for the treatment of PAH (WHO Group 1) to improve exercise ability.

Orenitram (treprostinil) is an orally administered prostacyclin analog indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to delay disease progression and to improve exercise capacity.

Adempas (riociguat) is a soluble guanylate cyclase (sGC) stimulator indicated for the treatment of adults with PAH (WHO Group 1) to improve exercise capacity, improve WHO functional class and to delay clinical worsening. Adempas is also indicated for the treatment of adults with persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH) (WHO Group 4) after surgical treatment or inoperable CTEPH to improve exercise capacity and WHO functional class.

Uptravi (selexipag) is a prostacyclin receptor agonist indicated for the treatment of PAH (WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH.

2. Coverage Criteria:

A. <u>Pulmonary Arterial Hypertension (PAH)</u>

1. <u>Authorization</u>

a. **Adempas, Letairis, Opsumit, Revatio tablets, Revatio powder for oral suspension, or Tracleer** will be approved based on the following criteria:

(1) Diagnosis of pulmonary arterial hypertension (PAH)

Authorization will be issued for 12 months.

b. **Adcirca, Orenitram, or Uptravi** will be approved based on the following criteria:

(1) **<u>All</u>** of the following:

(a) **<u>One</u>** of the following:

1. **<u>Both</u>** of the following:

- Pulmonary arterial hypertension is symptomatic
- Diagnosis of pulmonary arterial hypertension that is confirmed by right heart catheterization

-OR-

2. Patient is currently on any therapy for the diagnosis of pulmonary arterial hypertension

-AND-

(b) History of failure, contraindication, or intolerance to **both** of the following:

1. **One** of the following:

- A PDE-5 inhibitor (e.g., sildenafil citrate (Revatio))
- Adempas

-AND-

2. An ERA (e.g., Letairis, Opsumit, or Tracleer)

-AND-

(c) **One** of the following:

1. Patient is not using Orenitram in combination with a prostanoid/prostacyclin analogue (e.g., epoprostenol, iloprost, treprostinil) as long-term concomitant therapy
NOTE: Concomitant use will be allowable for patients to transition from one of these agents to the other

-OR-

2. Patient is not using Uptravi in combination with a prostanoid/prostacyclin analogue (e.g., epoprostenol, iloprost, treprostinil) as long-term concomitant therapy
NOTE: Concomitant use will be allowable for patients to transition from one of these agents to the other

Authorization will be issued for 12 months.

2. Reauthorization

a. **Adcirca** will be approved based on the following criterion:

(1) Documentation the patient is receiving clinical benefit to Adcirca therapy

Authorization will be issued for 12 months.

b. **Orenitram or Uptravi** will be approved based on both of the following criterion:

(1) Documentation the patient is receiving clinical benefit to Orenitram or Uptravi therapy

-AND-

(2) Patient is not taking Orenitram or Uptravi in combination with a prostanoid/prostacyclin analogue (e.g., epoprostenol, iloprost, treprostinil)

Authorization will be issued for 12 months.

B. Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

1. Authorization

a. Adempas will be approved based on the following criteria:

(1) Diagnosis of inoperable or persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH)

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Pugh ME, Hemnes AR, Robbins IM. Combination therapy in pulmonary arterial hypertension. Clin Chest Med. 2013 Dec;34(4):841-55.
2. Letairis [package insert]. Foster City, CA: Gilead Sciences, Inc.; August 2019.
3. Tracleer [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; May 2019.
4. Revatio [package insert]. New York, NY: Pfizer Labs; February 2020.
5. Adcirca [package insert]. Indianapolis, IN: Eli Lilly and Company; September 2020.

6. Opsumit [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US Inc.; April 2019.
7. Orenitram [package insert]. Research Triangle Park, NC: United Therapeutics Corp.; October 2019January 2017.
8. Adempas [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; January 2018.
9. Taichman D, Ornelas J, Chung L, et al. Pharmacologic Therapy for Pulmonary Arterial Hypertension in Adults. CHEST 2014;146(2):449-475.
10. Uptravi [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; September 2019.

Program	Prior Authorization – PAH Agents
Change Control	
4/2014	New program.
12/2014	Added new step requirement for Adcirca, Adempas and Orenitram. Added in criteria for Revatio solution
5/2015	Removed the diagnosis of PAH since we have changed it to Submission of medical records documenting diagnosis of pulmonary arterial hypertension that is confirmed by right heart catheterization. Removed step for Adcirca and Adempas. Removed Tyvaso from Orenitram step. Added Adempas as an alternative to the PDE5 I for the Orenitram step. Decreased Orenitram initial authorization period to 6 months. Decreased Orenitram reauthorization period to 12 months. For reauthorization criteria changed to “Documentation the patient is receiving clinical benefit to therapy.”
1/2016	Added Uptravi to the criteria requiring patients to try PDE5/Adempas and an ERA prior to obtaining Uptravi. Changed authorization periods to 12 months due to new regulation and to be consistent with all of the agents.
7/2016	Updated policy template. Updated clinical criteria to align with Employer & Individual. Opsumit and Adempas changed to preferred products.
12/2016	Updated background and references.
3/2017	Removed Adcirca from statement regarding use in combination with a prostanoid/prostacyclin analogue (e.g.epoprostenol, iloprost, treprostinil)
9/2017	Removed medical records requirements. Updated references.
9/2017	Removed all clinical criteria besides diagnosis and reauthorization criteria for Opsumit, Tracleer, Letairis, Adempas, sildenafil tablet and Revatio solution. Removed reauthorization criteria and clinical criteria besides diagnosis for Adempas for CTEPH to allow for Dx to Rx implementation. Removed

	Ventavis and Tyvaso from header due to being covered on medical benefit.
11/2017	Updated Orenitram language to allow for continuation if transitioning between Orenitram and a prostanoid/prostacyclin analogue. Removed Tyvaso and Ventavis from background and updated references.
11/2018	Revised Revatio (BRAND NECESSARY) section to align with the non-preferred section. Updated background and references.
1/2020	Removed brand necessary requests from the criteria since these requests would go through multisource brand criteria. Updated background and references.
11/2020	Annual review. Updated background information with no change to clinical criteria. References updated.