Washington State Health Care Authority

Pulmonary Hypertension (PH) Agents (Oral/Inhalation)

Medical policy no. 40.12.00-2 Effective Date: TBD

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Background:

Pulmonary arterial hypertension (PAH) is a rare, progressive disorder characterized by high blood pressure (hypertension) in the arteries of the lungs (pulmonary artery). The pulmonary arteries are the blood vessels that carry deoxygenated blood from the right side of the heart to the lungs. The World Health Organization (WHO) classifies pulmonary hypertension into five groups based upon etiology. WHO Group I is classified as pulmonary arterial hypertension (PAH), while the other four groups are referred to as pulmonary hypertension (PH)

PH may develop from many different conditions, but the most common type is idiopathic PAH. Common symptoms of PAH include shortness of breath (dyspnea), chest pain, and fainting.

Medical necessity

Drug	Medical Necessity
Endothelin Receptor Antagonists • ambrisentan (**LETAIRIS®**) • bosentan (**TRACLEER®**) • macitentan (**OPSUMIT®**)	Medications listed in this table may be considered medically necessary when used for the treatment of: • Pulmonary arterial hypertension (PAH) • Chronic thromboembolic pulmonary hypertension (CTEPH)
Phosphodiesterase Inhibitors (PDEI) • sildenafil citrate tablets (**REVATIO®**) • tadalafil (**ADCIRCA®, ALYQ™**)	
Prostacyclin Pathway Agonists • Iloprost (**VENTAVIS®**) • selexipag (**UPTRAVI®**) • treprostinil (**ORENITRAM®/TYVASO®**)	
Soluble Guanylate Cyclase (SGC) Stimulator • riociguat (**ADEMPAS®**)	

Clinical policy:

Clinical Criteria	
Pulmonary Arterial Hypertension (PAH) **Chronic Thromboembolic Pulmonary Hypertension (CTEPH)**	Medications requested for the treatment of PAH may be authorized when **ALL** of the following are met: 1. PAH diagnosis WHO Group I a. Documentation of PAH WHO Functional class (II, III, or IV); **AND** b. Documentation of acute vasoreactivity testing (AVT) status with **ONE** of the following: i. Patient had a positive response to AVT but has an inadequate response, intolerance, or contraindication to amlodipine, diltiazem, or long acting nifedipine; **OR** ii. Patient had a negative response to AVT testing; **OR** iii. AVT is not indicated for the patient (PAH due to connective tissue disease, congential heart disease, HIV, portal hypertension, schistosomiasis, pulmonary veno-occulusive/pulmonary capillary hypertension); OR **iv.** AVT is contraindicated (SBP < 90 mmHg; cardiac index < 2 L/min/m^2, or PH functional class IV); **OR** 2. PH diagnosis WHO Groups III or IV (CTEPH) , in which general treatment measures have failed, and PH is thought to be unrelated to underlying lung disease; **AND** 3. Patient meets **ONE** of the following: a. Documentation that patient is currently established on requested therapy; **OR** b. <u>For non-preferred products</u>: History of failure, contraindication or intolerance to a preferred products with the same Apple Health Drug Class, where applicable; **OR** c. <u>For Selexipag</u>: history of failure, contraindication or intolerance to an endothelin receptor antagonist; **AND** 4. Requested therapy is not for **ANY** of the following: a. A combination of a phosphodiesterase inhibitor and soluble guanylate cyclase stimulator; **AND** b. A combination of selexipag and parenteral prostanoid; **AND** 5. Prescribed by or in consultation with a specialist in cardiology or pulmonology If all of the above criteria are met, the request will be **approved for 12 months** If all criteria are not met, but there are documented medically necessary circumstances based on the professional judgement of the clinical reviewer, requests may be approved on a case-by-case basis up to the initial authorization duration.
	Criteria (Reauthorization)

	Medications used for the treatment of PAH may be reauthorized when documentation of response (e.g. disease stability or mild progression indicated by a slowing of decline using WHO Functional Class scale) is provided. If all of the above criteria are met, the request will be **approved for 12 months** If all criteria are not met, but there are circumstances supported by clinical judgement and documentation, requests may be approved by a clinical reviewer on a case-by-case basis up to the reauthorization duration

Coding:

HCPCS Code	Description
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg

Dosage and Quantity Limits:

Drug Name	Dose and Quantity Limits
Ambristentan (Letairis)	10 mg per day; #60 tablets per 30 day supply (5 mg strength) **OR** #30 tablets for 30 day supply (10 mg strength)
Bosentan (Tracleer)	250 mg per day; #60 tablets per 30 day supply
Macitentan (Opsumit)	10 mg per day; #30 tablets per 30 day supply
Sildenafil citrate (Revatio)	60 mg per day; #90 tablets per 30 day supply
Tadalafil (Adcirca)	40 mg per day; #60 tablets per 30 day supply
Selexipag (Uptravi)	3200 mcg per day; can increase to the highest tolerated dose in 200 mcg twice daily increments at weekly intervals
Iloprost (Ventavis)	45 mcg per day;
Treprostinil (Tyvaso)	216 mcg per day;
Treprostinil diolamine (Orenitram)	0.5 mg per day; titrate by 0.25 mg or 0.5 mg twice daily OR 0.125 mg 3 times daily not more than every 3-4 days to the highest tolerated dose
Riociguat (Adempas)	7.5 mg per day;

Appendix:

Table 1. WHO Clinical Classification of Pulmonary Hypertension (PH)

WHO Clinical Classification	Description
Group 1	Pulmonary Arterial Hypertension (PAH) - Idiopathic - Heritable - Drug/toxin induced

	- Associated with connective tissue disease, HIV infection, portal hypertension, congenital heart disease
Group 2	PH due to left heart disease
Group 3	PH due to chronic lung disease or hypoxemia
Group 4	Chronic thromboembolic pulmonary hypertension (CTEPH)
Group 5	PH due to unclear multifactorial mechanisms

Table 2. WHO Functional Classification of Patients with PH

WHO Functional Classification	Description
Class I	Patients with PH without resulting limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain, or near syncope.
Class II	Patients with PH resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope
Class III	Patients with PH resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope.
Class IV	Patients with PH with inability to carry out any physical activity without symptoms. These patients manifest signs of right-sided heart failure. Dyspnea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity

References

1. Ambrisentan. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
2. Bosentan. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
3. Galiè N, Humbert M, Vachiery JL, et al. 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: The Joint Task Force for the Diagnosis and Treatment of Pulmonary Hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS): Endorsed by: Association for European Paediatric and Congenital Cardiology (AEPC), International Society for Heart and Lung Transplantation (ISHLT). Eur Heart J. 2016;37(1):67-119.
4. Iloprost. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
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6. Macitentan. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
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8. Selexipag. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.

9. Sildenafil Citrate. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
10. Tadalafil. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.
11. Treprostinil. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at http://www.micromedexsolutions.com. Accessed December 2, 2020.

History

Date	Action and Summary of Changes
10/29/2020	Annual policy update - Updated preferred/non-preferred status - Updated PAH clinical criteria - Updated CTEPH clinical criteria
10/02/2019	Edit Note
11/07/2018	HCPCS update
07/31/2018	Update
08/16/2017	New Policy

Washington State Health Care Authority

Pulmonary Arterial Hypertension (PAH) Agents

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Without this information, we may deny the request in seven (7) working days.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation supporting disease stability ☐ Yes ☐ No

2. Indicate the diagnosis:
   - ☐ Pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group I and
     - ☐ WHO Functional class II symptoms
     - ☐ WHO Functional class III symptoms
     - ☐ WHO Functional class IV symptoms
   - ☐ Persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH) (WHO group 4)
   - ☐ Other. Specify _____

3. Is this prescribed by or in consultation with a specialist in one of the following:
   ☐ Cardiology ☐ Pulmonology ☐ Other. Specify _____

For diagnosis of pulmonary arterial hypertension answer the questions below.

4. Did patient have a vasoreactivity test?
   - ☐ Yes
     If yes, what were the results
     - ☐ Patient had a positive response to vasoreactivity test however had an inadequate response, intolerance, or contraindication to long acting nifedipine, amlodipine, or diltiazem
     - ☐ Patient had a negative response to vasoreactivity test
     - ☐ Vasoreactivity testing not indicated
     - ☐ Other. Explain _____
   - ☐ No

5. Does patient have a history of any of the following (check all that apply)?
   - ☐ Currently established on requested therapy
   - ☐ History of failure, contraindication, intolerance to sildenafil (generic Revatio)
   - ☐ History of failure, contraindication, intolerance to a preferred product in the Apple Health drug class. Specify which product: _____
   - ☐ History of failure, contraindication or intolerance to an endothelin receptor antagonist

6. Will this be used in combination with any of the following (check all that apply)?

- ☐ Soluble guanylate cyclase inhibitor
- ☐ Parenteral prostanoid
- ☐ None of the above

For diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH) (WHO group 4) answer the questions below.

7. Is the patient currently prescribed and adherent to an anticoagulant therapy?
   - ☐ Yes
   - ☐ No
   - ☐ Patient has a history of failure, contraindication, or intolerance to anticoagulant therapy

8. Does patient meet any of the following (check all that apply)?
   - ☐ Documentation that patient is currently established on the requested therapy
   - ☐ Previous surgical treatment for CTEPH
   - ☐ Inoperable CTEPH after evaluation
   - ☐ None of the above

9. If the patient is of child bearing potential, has there been a confirmed negative pregnancy test prior to initiation?
   ☐ Yes ☐ No

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date