MEDICAL MUTUAL®

Drug Policy

Policy:	Winrevair™ (sotaterept-csrk subcutaneous injection – Merck)	**Annual Review Date:** **06/20/2024** **Last Revised Date:** **06/20/2024**

OVERVIEW

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

POLICY STATEMENT

This policy involves the use of Winrevair. Prior authorization is recommended for pharmacy benefit coverage of Winrevair. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Winrevair as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Winrevair be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Winrevair is recommended in those who meet the following criteria:

1. **Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1].** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv and v):
     - **i.** Patients is ≥ 18 years of age; AND
     - **ii.** Patient meets the following (a and b):
       - **a)** The patient has had a right heart catheterization **[documentation required]** (see documentation section above); AND
       - **b)** The results of the right heart catheterization confirmed the diagnosis of WHO Group 1 PAH; AND
     - **iii.** Patient is in Functional Class II or III; AND
     - **iv.** Patient meets ONE of the following (a or b):

a) Patient is currently receiving at least two other PAH therapies from the following different pharmacologic categories each for ≥ 60 days: phosphodiesterase type 5 inhibitors (PDE5i), endothelin receptor antagonists (ERAs), soluble guanylate cyclase stimulator (sGCs), and prostacyclins; OR

b) Patient is currently receiving at least one other PAH therapy for ≥ 60 days and is intolerant to combination therapy with a phosphodiesterase type 5 inhibitors (PDE5i), endothelin receptor antagonists (ERAs), soluble guanylate cyclase stimulator (sGCs), or prostacyclin; AND

Note: Examples of PDE5i include sildenafil and tadalafil. Examples of ERAs include bosentan, ambrisentan, and Opsumit (macitentan tablets). Example of sGCs includes Adempas (riociguat tablets). Examples of prostacyclins include Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil inhalation solution), Ventavis (iloprost inhalation solution), Orenitram (treprostinil tablets), Uptravi (selexipag tablets), treprostinil injection and epoprostenol injection.

v. The medication is prescribed by or in consultation with a cardiologist or a pulmonologist.

B) Patient is Currently Receiving Winrevair. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets BOTH of the following (a and b):

a) Patient has had a right heart catheterization; AND

Note: This refers to prior to starting therapy with a medication for WHO Group 1 PAH.

b) Results of the right heart catheterization confirmed the diagnosis of WHO Group 1 PAH; AND

ii. The medication is prescribed by or in consultation with a cardiologist or a pulmonologist.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 6 months
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Winrevair has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or

performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Winrevair® subcutaneous injection [prescribing information]. Rahway, NJ: Merck; March 2024.
2. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
3. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
4. Maron B. Revised definition of pulmonary hypertension and approach to management: a clinical primer. *J Am Heart Assoc*. 2023 April 7. [epub ahead of print].
5. Chang KY, Duval S, Badesch DB, et al. PHAR Investigators Mortality in Pulmonary Arterial Hypertension in the modern era: early insights from the Pulmonary Hypertension Association Registry. *J Am Heart Assoc*. 2022 May 3;11(9):e024969. doi: 10.1161/JAHA.121.024969.
6. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST*. 2019;155(3):565-586.