
5.40.036

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Winrevair

Description

Winrevair (sotatercept-csrk)

Background

Pulmonary arterial hypertension is a rare disorder of the pulmonary arteries in which the pulmonary arterial pressure rises above normal levels in the absence of left ventricular failure. This condition can progress to cause right-sided heart failure and death. Winrevair is indicated for treatment of pulmonary arterial hypertension (PAH) which is classified by WHO as Group 1. Winrevair is used to treat pulmonary arterial hypertension (PAH, high blood pressure in the lungs) to improve the exercise ability (1).

The World Health Organization (WHO) has classified pulmonary hypertension into five different groups: (2)

WHO Group 1: Pulmonary Arterial Hypertension (PAH)

1.1 Idiopathic (IPAH)

1.2 Heritable PAH

1.2.1 Germline mutations in the bone morphogenetic protein receptor type 2 (BMPR2)

1.2.2 Activin receptor-like kinase type 1 (ALK1), endoglin (with or without hereditary hemorrhagic telangiectasia), Smad 9, caveolin-1 (CAV1), potassium channel super family K member-3 (KCNK3)

1.2.3 Unknown

1.3 Drug-and toxin-induced

1.4 Associated with:

1.4.1 Connective tissue diseases

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- 1.4.2 HIV infection
- 1.4.3 Portal hypertension
- 1.4.4 Congenital heart diseases
- 1.4.5 Schistosomiasis
- 1'. Pulmonary vena-occlusive disease (PVOD) and/or pulmonary capillary hemangiomatosis (PCH)
- 1". Persistent pulmonary hypertension of the newborn (PPHN)

The diagnosis of WHO Group 1 PAH requires a right heart catheterization to demonstrate an mPAP \geq 20mmHg at rest and a pulmonary vascular resistance (PVR) \geq 3 Wood units, mean pulmonary capillary wedge pressure \leq 15mmHg (to exclude pulmonary hypertension due to left heart disease, i.e., WHO Group 2 pulmonary hypertension) (4-6).

WHO Group 2: Pulmonary Hypertension Owing to Left Heart Disease

- 2.1 Systolic dysfunction
- 2.2 Diastolic dysfunction
- 2.3 Valvular disease
- 2.4 Congenital/acquired left heart inflow/outflow tract obstruction and congenital cardiomyopathies

WHO Group 3: Pulmonary Hypertension Owing to Lung Disease and/or Hypoxia

- 3.1 Chronic obstructive pulmonary disease
- 3.2 Interstitial lung disease
- 3.3 Other pulmonary diseases with mixed restrictive and obstructive pattern
- 3.4 Sleep-disordered breathing
- 3.5 Alveolar hypoventilation disorders
- 3.6 Chronic exposure to high altitude
- 3.7 Developmental abnormalities

WHO Group 4: Chronic Thromboembolic Pulmonary Hypertension <CTEPH

WHO Group 5: Pulmonary Hypertension with Unclear Multifactorial Mechanisms

- 5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders, splenectomy
- 5.2 Systemic disorders: sarcoidosis, pulmonary Langerhans cell histiocytosis: lymphangioleiomyomatosis, neurofibromatosis, vasculitis
- 5.3 Metabolic disorders: glycogen storage disease, Gaucher's disease, thyroid disorders

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5.4 Others: tumoral obstruction, fibrosing mediastinitis, chronic renal failure on dialysis, segmental PH

The American College of Chest Physicians (ACCP) has published an updated clinical practice guideline for treating PAH. These guidelines use the New York Heart Association (NYHA) functional classification of physical activity scale to classify PAH patients in classes I-IV based on the severity of their symptoms (3). Winrevair was studied in NYHA functional classes II and III (1).

Class I	Patients with pulmonary hypertension but 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 pulmonary hypertension resulting in slight limitation of physical activity. These patients are comfortable at rest, but ordinary physical activity causes undue dyspnea or fatigue, chest pain or near syncope.
Class III	Patients with pulmonary hypertension resulting in marked limitation of physical activity. These patients are comfortable at rest, but less than ordinary physical activity causes undue dyspnea or fatigue, chest pain or near syncope.
Class IV	Patients with pulmonary hypertension resulting in inability to perform any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnea and/or fatigue may be present at rest, and discomfort is increased by any physical activity.

(3)

Regulatory Status

FDA-approved indication: Winrevair is an activin signaling inhibitor indicated for the treatment of adults with pulmonary arterial hypertension (PAH, WHO Group 1) to increase exercise capacity, improve WHO functional class (FC) and reduce the risk of clinical worsening events (1).

Winrevair use has been associated with erythrocytosis, severe thrombocytopenia, and severe bleeding. Hemoglobin and platelet levels should be monitored before each dose for the first 5 doses, or longer if values are unstable, and periodically thereafter to determine if dose adjustments are required. Winrevair should not be given if the patient is experiencing serious bleeding (1).

Winrevair may cause fetal harm and may impair fertility in both males and females. Females of reproductive potential should use effective contraception during treatment with Winrevair and for at least 4 months after the final dose (1)

The safety and effectiveness of Winrevair in pediatric patients less than 18 years of age have not been established (1).

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Related policies

Adcirca, Adempas, Flolan/Veletri, Letairis, Opsumit, Opsynvi, Orenitram, PDE5 Inhibitor powders, Remodulin, Revatio, Tracleer, Tyvaso, Uptravi, Ventavis

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Winrevair may be considered **medically necessary** if the conditions indicated below are met.

Winrevair may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Pulmonary Arterial Hypertension (PAH) - **WHO Group I**

a. NYHA functional classification of physical activity – **Class II or III**

AND ALL of the following:

1. Patient is currently receiving PAH therapy with medications from at least **TWO** of the following drug classes:
 - a. Endothelin receptor antagonist (e.g., Letairis, Opsumit, Tracleer)
 - b. Phosphodiesterase-5 inhibitor (e.g., Adcirca, Revatio)
 - c. Soluble guanylate cyclase stimulator (e.g., Adempas)
 - d. Prostacyclin analog (e.g., Flolan, Orenitram, Remodulin, Tyvaso, Veletri, Ventavis)
 - e. Prostacyclin receptor agonist (e.g., Uptravi)
2. Used as add-on therapy
3. Prescribed by or recommended by a cardiologist or pulmonologist
4. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Winrevair and for 4 months after the last dose

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Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Pulmonary Arterial Hypertension (PAH) - **WHO Group I**

AND the following:

1. Symptoms have improved or stabilized
2. Used as add-on therapy
3. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Winrevair and for 4 months after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Pulmonary arterial hypertension is a rare disorder of the pulmonary arteries in which the pulmonary arterial pressure rises above normal levels in the absence of left ventricular failure. This condition can progress to cause heart right failure and death. Winrevair is an activin signaling inhibitor indicated for treatment of pulmonary arterial hypertension (PAH) (WHO Group

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1) to increase exercise capacity, improve WHO functional class and reduce the risk of clinical worsening events. Winrevair may increase the risk of erythrocytosis, severe thrombocytopenia, serious bleeding, embryo-fetal toxicity, and impaired fertility (1-3).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Winrevair while maintaining optimal therapeutic outcomes.

References

1. Winrevair [package insert]. Rahway, NJ: Merc Sharp & Dohme LLC; March 2024.
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3. Taichman DB, Ornelas J, Chung L, et al. Pharmacologic therapy for pulmonary arterial hypertension in adults. CHEST guideline and expert panel report. *Chest.* 2014; 46(2):449-475.
4. Simonneau G, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J.* 2019;53(1) Epub 2019 Jan 24.
5. Rose-Jones LJ and Mclaughlin V. Pulmonary Hypertension: Types and Treatments. *Curr Cardiol Rev.* 2015 Feb; 11(1): 73–79.
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Policy History

Date	Action
May 2024	Addition to PA
September 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.