

Remodulin (treprostinil) injection
Treprostinil injection (generic)
 Effective 07/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

FDA-Approved Indication

1. Treatment of pulmonary arterial hypertension (PAH; WHO Group 1) to diminish symptoms associated with exercise. Studies establishing effectiveness included patients with NYHA Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH, PAH associated with congenital systemic-to-pulmonary shunts, or PAH associated with connective tissue diseases.
2. Patients with PAH requiring transition from epoprostenol, treprostinil/Remodulin to reduce the rate of clinical deterioration. The risks and benefits of each drug should be carefully considered prior to transition.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member has a diagnosis of PAH defined as WHO Group 1 class of pulmonary hypertension (see Appendix)
2. PAH confirmed by ONE of the following:
 - a. Pretreatment right heart catheterization with ALL of the following:
 - i. mPAP > 20mmHg
 - ii. PCWP ≤ 15mmHg
 - iii. PVR ≥ 3 Wood units
 - b. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.
3. Medication is being prescribed by or in consultation with a pulmonologist or cardiologist.

Continuation of Therapy

Reauthorization will be granted for a covered indication when there is physician attestation that member is having benefit from the medication as evidenced by disease stability or disease improvement.

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months

Appendix: WHO Classification of Pulmonary Hypertension

1. PAH

- 1.1 Idiopathic (PAH)
- 1.2 Heritable PAH
- 1.3 1.3 Drug- and toxin-induced PAH
- 1.4. PAH associated with:
 - 1.4.1 Connective tissue diseases
 - 1.4.2 HIV infection
 - 1.4.3 Portal hypertension
 - 1.4.4 Congenital heart diseases
 - 1.4.5 Schistosomiasis
- 1.5 PAH long-term responders to calcium channel blockers
- 1.6 PAH with overt features of venous/capillaries (PVOD/PCH) involvement
- 1.7 Persistent PH of the newborn syndrome

2. PH due to left heart disease

- 2.1 PH due to heart failure with preserved LVEF
- 2.2 PH due to heart failure with reduced LVEF
- 2.3 Valvular heart disease
- 2.4 Congenital/acquired cardiovascular conditions leading to post-capillary PH

3. PH due to lung diseases and/or hypoxia

- 3.1 Obstructive lung disease
- 3.2 Restrictive lung disease
- 3.3 Other lung disease with mixed restrictive/obstructive pattern
- 3.4 Hypoxia without lung disease
- 3.5 Developmental lung disorders

4. PH due to pulmonary artery obstruction

- 4.1 Chronic thromboembolic PH
- 4.2 Other pulmonary artery obstructions
 - 4.2.1 Sarcoma (high or intermediate grade) or angiosarcoma
 - 4.2.2 Other malignant tumors
 - Renal carcinoma
 - Uterine carcinoma
 - Germ cell tumours of the testis
 - Other tumours
 - 4.2.3 Non-malignant tumours
 - Uterine leiomyoma
 - 4.2.4 Arteritis without connective tissue disease
 - 4.2.5 Congenital pulmonary artery stenosis



4.2.6 Parasites
Hydatidosis

5. PH with unclear and/or multifactorial mechanisms

- 5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders
- 5.2 Systemic and metabolic disorders: Pulmonary Langerhans cell histiocytosis, Gaucher disease, glycogen storage disease, neurofibromatosis, sarcoidosis
- 5.3 Others: chronic renal failure with or without hemodialysis, fibrosing mediastinitis
- 5.4 Complex congenital heart disease

References

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4. McLaughlin VV, Archer SL, Badesch DB, et al. ACCF/AHA 2009 expert consensus document on pulmonary hypertension a report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association developed in collaboration with the American College of Chest Physicians; American Thoracic Society, Inc.; and the Pulmonary Hypertension Association. *J Am Coll Cardiol*. 2009;53(17):1573-1619.
5. Badesch DB, Champion HC, Gomez-Sanchez MA, et al. Diagnosis and assessment of pulmonary arterial hypertension. *J Am Coll Cardiol*. 2009;54:S55-S66.
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7. Rubin LJ; American College of Chest Physicians. Diagnosis and management of pulmonary arterial hypertension: ACCP evidence-based clinical practice guidelines. *Chest*. 2004;126(1 Suppl):7S-10S.
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9. 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.
10. Abman SH, Hansmann G, Archer SL, et al. Pediatric pulmonary hypertension: guidelines from the American Heart Association and American Thoracic Society. *Circulation*. 2015;132(21):2037-99.
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12. Galie, N., McLaughlin, VV, Rubin, LJ, Simonneau, G. An overview of the 6th World Symposium on Pulmonary Hypertension. *Eur Respir J* 2019; 53: 1802148; DOI: 10.1183/13993003.02148-2018. Published 24 January 2019.
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Review History

04/12/2023 – Reviewed and Created for April P&T; switched from SGM to custom. Effective 07/01/2023

