

Winrevair (sotatercept-csrk) **Effective 10/1/2024** ☐ MassHealth UPPL Plan ☑ Prior Authorization ⊠Commercial/Exchange **Program Type** ☐ Quantity Limit □ Pharmacy Benefit **Benefit** ☐ Step Therapy ☐ Medical Benefit This medication has been designated specialty and must be filled at a contracted Specialty Limitations specialty pharmacy. **Medical and Specialty Medications** All Plans Phone: 877-519-1908 Fax: 855-540-3693 Contact Information **Non-Specialty Medications** Phone: 800-711-4555 All Plans Fax: 844-403-1029

Overview

Winrevair (sotatercept-csrk) 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.

Coverage Guidelines

Exceptions

Authorization may be granted for members new to the plan within the last 90 days 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 members when ALL the following criteria are met, and documentation is provided:

1. Member is 18 years of age or older

N/A

- 2. Member has a diagnosis of pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1
- 3. Diagnosis of PAH was confirmed by ALL of the following:
 - a. Mean pulmonary arterial pressure (mPAP) > 20 mmHg
 - b. Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
 - c. Pulmonary vascular resistance (PVR) ≥ 3 Wood units
- 4. Member is either currently being treated with one agent from at least two of the following therapeutic classes OR there is a clinical rationale why treatment with the following therapeutic classes is not appropriate:
 - a. Endothelin receptor antagonists (e.g., bosentan, ambrisentan, macitentan)
 - b. Phosphodiesterase 5 inhibitors (e.g., tadalafil, sildenafil)
 - c. Soluble guanylate cyclase (sGC) stimulator (e.g., riociguat)

Continuation of Therapy

1. Prescriber submits documentation demonstrating the member has experienced a positive clinical response to therapy

Limitations

1. Initial and reauthorization requests will be approved for 12 months.

References

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Review History

08/14/2024 - Reviewed at August P&T. Effective 10/1/2024.

