

# SOTATERCEPT-CSRK



**Included Products:** Winrevair (sotatercept-csrk)

Created: 07/11/2024

Revised: 07/11/2024

Reviewed:

07/11/2024

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Pulmonary Arterial Hypertension			
Initial Criteria:		If yes	If no
1.	Is the medication being requested by a pulmonologist or cardiologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of pulmonary arterial hypertension WHO group 1 diagnosed by right heart catheterization?	Continue to #3.	Do not approve.
3.	Does the member have documented NYHA functional class II or class III disease?	Continue to #4.	Do not approve.
4.	Is the member established on and demonstrated adherence to 1) sildenafil or tadalafil and 2) ambrisentan or bosentan for at least 3 months prior to starting Winrevair OR have a medical reason these cannot be taken?	Continue to #5	Pend for documentation of why these are not being used. Do not approve if no rationale provided.
5.	Does the member have a baseline 6-minute walk distance (6MWD) recorded or a medical reason one cannot be performed?	Continue to #6.	Pend for 6MWD. Do not approve if no information received.
6.	Is the member's disease considered intermediate to high risk of progression by at least one of the following? a) 6MWD less than or equal to 440 meters. b) BNP greater than or equal to 50 ng/L or NT-proBNP greater than or equal to 300 ng/L. c) Clear documentation of worsening of symptoms, such as increased dyspnea at rest or with normal activity, despite dual or triple therapy.	Continue to #7.	Do not approve.
7.	Is the dose requested appropriate based on the	Continue to #8.	Pend for

	member's weight?		clarification.
<b>8.</b>	Approve for 6 months.		
Renewal Criteria		If yes	If no
<b>1.</b>	Has the member been taking doses as directed based on pharmacy claims history?	Continue to #2.	Do not approve.
<b>2.</b>	Has the member demonstrated clinical stability or improvement in disease, such as lack of decline or improvement in 6MWD or functional class improvement?	Continue to #3.	Consult medical director for further review.
<b>3.</b>	Approve x 12 months.		

## REFERENCES

- 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.
- Humbert M; Kovacs G; Hoeper MM; et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. *European Heart Journal*. 2022; 43: 3618–3731.