

SPECIALTY GUIDELINE MANAGEMENT

Letairis (ambrisentan) ambrisentan

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Indicated for the treatment of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1):

- A. To improve exercise ability and delay clinical worsening
- B. In combination with tadalafil to reduce the risks of disease progression and hospitalization for worsening PAH, and to improve exercise ability.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Pulmonary Arterial Hypertension (PAH)

Authorization of 12 months may be granted for treatment of PAH when ALL of the following criteria are met:

A. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).

B. PAH was confirmed by either criterion (1) or criterion (2) below:

- 1. Pretreatment right heart catheterization with all of the following results:
 - i. mPAP \geq 25 mmHg
 - ii. PCWP \leq 15 mmHg
 - iii. PVR $>$ 3 Wood units
- 2. For infants less than one year of age with any of the following conditions, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed:
 - i. Post cardiac surgery
 - ii. Chronic heart disease
 - iii. Chronic lung disease associated with prematurity
 - iv. Congenital diaphragmatic hernia

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members with an indication listed in Section II who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

IV. APPENDIX

WHO Classification of Pulmonary Hypertension

1 PAH

- 1.1 Idiopathic (PAH)
- 1.2 Heritable PAH
- 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

V. REFERENCES

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1646-A

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