

SPECIALTY GUIDELINE MANAGEMENT

Orenitram (treprostinil extended-release tablets)

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

Orenitram is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity.

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

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 24 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 24 months may be granted for members with PAH who are currently receiving Orenitram therapy through a paid pharmacy or medical benefit.

IV. APPENDIX

WHO Classification of Pulmonary Hypertension

WHO Group 1. Pulmonary Arterial Hypertension (PAH)

- 1.1 Idiopathic (IPAH)
- 1.2 Heritable PAH

Reference number(s)
1643-A

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

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 disease, thyroid disorders
- 5.4 Others: tumoral obstruction, fibrosing mediastinitis, chronic renal failure on dialysis, segmental PH

V. REFERENCES

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4. 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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6. 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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