MEDICATION POLICY:

Endothelin Antagonists

Generic Name: Endothelin Antagonists

Therapeutic Class or Brand Name: Endothelin Antagonists

Applicable Drugs (if Therapeutic Class): Ambrisentan (generic), Bosentan (generic), Letairis® (ambrisentan), Opsumit® (macitentan), Tracleer® (bosentan)

Preferred: Ambrisentan (generic), Bosentan (generic)

Non-preferred: Letairis® (ambrisentan), Opsumit® (macitentan), Tracleer® (bosentan)

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 1/9/2024

Prior Authorization Criteria

(May be considered medically necessary when criteria I through IV are met)

I. Documented diagnosis of Pulmonary Arterial Hypertension (PAH) AND meets criteria A through C:
   A. Classification of World Health Organization (WHO) PAH Group I. Refer to Table 1 in the appendix.
   B. Documentation of right heart catheterization demonstrating 1 through 3:
      1. Mean pulmonary artery pressure (mPAP) ≥ 20 mmHg
      2. Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
      3. Pulmonary vascular resistance (PVR) > 3 Wood units
   C. WHO functional class II to IV symptoms. Refer to Table 2 in the appendix.

II. The medication is prescribed by or in consultation with a cardiologist or pulmonologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

Exclusion Criteria

- Women who are or may become pregnant.
- Use of Letairis in patients with Idiopathic Pulmonary Fibrosis (IPF).
- Use of Tracleer with concurrent cyclosporine or glyburide.
- Use of Opsumit in patients < 18 years of age.

Other Criteria

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Letairis: 30 tablets per 30 days.
- Opsumit: 30 tablets per 30 days.
- Tracleer:
  - Patients > 12 years old: 60 film-coated tablets per 30 days.
  - Patients < 12 years old:
    - Weight 4 to 8 kg: 30 tablets for suspension per 30 days.
    - Weight > 8 to 16 kg: 60 tablets for suspension per 30 days.
    - Weight >16 to 24 kg: 90 tablets for suspension per 30 days.
    - Weight > 24 to 40 kg: 120 tablets for suspension per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and showing the medication is effective.

APPENDIX

Table 1. WHO Classification of Pulmonary Hypertension – Group 1

Group	Diagnosis
1.1	Idiopathic PAH
1.2	Heritable PAH
1.3	Drug- and toxin-induced PAH (eg, anorexic agents, cocaine, methamphetamine, L-tryptophan)
1.4	PAH associated with:* • Connective tissue disorder (eg, Raynaud disease, rheumatoid arthritis, systemic lupus erythematosus, scleroderma) • Portal hypertension • HIV infection • Congenital heart disease with systemic-to-pulmonary shunts (eg, congenital heart disease, including atrial or ventricular septal defect, patent ductus arteriosus, patent foramen ovale, truncus arteriosus, Eisenmenger syndrome, tetralogy of Fallot) • Schistosomiasis
1.5	PAH long-term responders to calcium channel blockers
1.6	Pulmonary veno-occlusive disease and/or pulmonary capillary hemangiomatosis
1.7	Persistent pulmonary hypertension of the newborn

* Diagnoses include, but are not limited to, these common diagnoses.

Table 2. WHO Functional Classification of Patients With PAH

Class	Symptoms
I	No resulting limitation of physical activity.
II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope.
IV	All physical activity causes symptoms. Signs of right-sided heart failure are present. Dyspnea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

REFERENCES

1. 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. [published correction appears in Circulation. 2009 Jul 14;120(2):e13]. *Circulation*. 2009;119(16):2250-2294. doi:10.1161/CIRCULATIONAHA.109.192230
2. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults: Update of the CHEST guideline and expert panel report [published correction appears in Chest. 2021 Jan;159(1):457]. *Chest*. 2019;155(3):565-586. doi:10.1016/j.chest.2018.11.030
3. Abman SH, Hansmann G, Archer SL, et al. Pediatric pulmonary hypertension: Guidelines from the American Heart Association and American Thoracic Society [published correction appears in Circulation. 2016 Jan 26;133(4):e368]. *Circulation*. 2015;132(21):2037-2099. doi:10.1161/CIR.0000000000000329
4. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J*. 2019;53(1):1801913. doi:10.1183/13993003.01913-2018
5. Letairis. Prescribing information. Gilead; 2019. Accessed January 9, 2024. http://www.gilead.com/~/media/Files/pdfs/medicines/cardiovascular/letairis/letairis_pi.pdf
6. Opsumit. Prescribing information. Actelion Pharmaceuticals US, Inc; 2023. Accessed January 9, 2024. https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/OPSUMIT-pi.pdf
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.