PRIOR AUTHORIZATION POLICY

POLICY: Pulmonary Arterial Hypertension – Winrevair Prior Authorization Policy
- Winrevair™ (sotaterept-csrk subcutaneous injection – Merck)

REVIEW DATE: 03/04/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Winrevair, an activin signaling inhibitor, is indicated for the treatment of **pulmonary arterial hypertension (PAH)** World Health Organization (WHO) Group 1 in adults to increase exercise capacity, improve WHO functional class (FC), and reduce the risk of clinical worsening events, including hospitalization for PAH, lung transplantation, and death.[1]

Disease Overview

PAH is a serious but rare condition with an estimated prevalence of 10.6 cases per 1 million adults in the US.[2] It is classified within WHO Group 1 pulmonary hypertension among the five different groups that are recognized. In this progressive disorder, the small arteries in the lungs become narrow, restricted, or blocked. This causes the heart to work harder to pump blood, leading to activity impairment. Although the mean age of diagnosis is between 36 and 50 years, patients of any age may be affected. PAH is defined as a mean pulmonary artery pressure (mPAP) > 20 mmHg (at rest) with a pulmonary arterial wedge pressure (PAWP) ≤ 15 mmHg and a pulmonary vascular resistance > 2 Wood units measured by cardiac catheterization.[3,4] Despite the introduction of many PAH-specific therapies, mortality

associated with PAH remains high. When stratified into intermediate and high-risk PAH, the 3-year mortality rate was reported as 18% to 20% for intermediate risk and 28% to 55% for high-risk PAH.[5]

Winrevair has been previously evaluated in STELLAR; eligible patients had WHO Functional Class II or Class III PAH.[7] However, Winrevair was more recently evaluated in ZENITH, which enrolled patients with WHO Functional Class III or Class IV PAH.[8] This new data supports its use in this functional class.

Guidelines
Various guidelines for PAH are available; Winrevair is addressed in an expert consensus document from the World Symposium on Pulmonary Hypertension (WSPH).

- In 2024, the WSPH provided an updated treatment algorithm based on individual risk assessment.[7] Generally, combination therapy with a phosphodiesterase type 5 (PDE5i) and endothelin receptor antagonist (ERA) are recommended as initial therapy in patients considered low risk. Patients with severe PAH and classified as high-risk at the time of diagnosis should receive a parenteral prostacyclin in combination with an ERA and a PDE5i. Winrevair may be considered as add-on therapy in patients who are at intermediate-low risk, intermediate-high risk, and high-risk for decompensation.
- In 2022, the European Society of Cardiology and the European Respiratory Society (ESC/ERS) updated guidelines on the diagnosis and management of PAH in adults.[3] The treatment algorithm for PAH has been simplified, with a clear focus on individual risk assessment, cardiopulmonary comorbidities, and treatment goals. Generally, combination therapy with a PDE5i and ERA are recommended as initial therapy in patients considered low-risk. If low-risk status is not achieved within 3 to 6 months, the addition of a prostacyclin analogue is recommended. Combination therapy including an intravenous (IV) prostacyclin analogue is recommended as initial therapy in patients considered high-risk.
- The CHEST guidelines (2019) use the patient's functional class (FC) to determine disease severity instead of the comprehensive risk assessment.[6] The guidelines recommend initiating combination oral therapy with an ERA and a PDE5i for patients with mild or moderate disease (FC II or III) or IV prostacyclin therapy for patients with severe disease (FC III with rapid disease progression or FC IV). Patients who remain symptomatic despite initial treatment should be treated with a second or third agent.

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Winrevair. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with these products as well as the monitoring required for adverse events and long-term efficacy, approval requires these agents to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required for initiation of therapy as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and catheterization laboratory reports. All documentation must include patient-specific identifying information. For a patient case in which the documentation requirement of the right heart catheterization upon Prior Authorization coverage review for a different medication indicated for WHO Group 1 PAH has been previously provided, the documentation requirement in this *Pulmonary Arterial Hypertension – Winrevair Prior Authorization Policy* is considered to be met.

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is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1].** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv and v):
     - **i.** Patients is ≥ 18 years of age; AND
     - **ii.** Patient meets BOTH of the following (a and b):
       - **a)** The patient has had a right heart catheterization **[documentation required]**; AND
       - **b)** The results of the right heart catheterization confirmed the diagnosis of WHO Group 1 PAH; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** According to the prescriber, patient is intermediate-high risk or high risk; OR
       - **b)** According to the prescriber, patient is low-risk or intermediate-low risk and has tried or is currently receiving one or more agents for PAH from the following different categories (either alone or in combination with another therapy) for ≥ 60 days **[documentation required]** ([1], [2], [3], or [4]):
         (1) Phosphodiesterase type 5 (PDE5) inhibitors; OR
         (2) Endothelin receptor antagonists (ERAs); OR
         (3) Adempas (riociguat tablets); OR
         (4) Prostacyclin analogs/mimetics; AND
         Note: Examples of phosphodiesterase type 5 (PDE5) inhibitors include sildenafil and tadalafil. Endothelin receptor antagonists (ERAs) include bosentan, ambrisentan, Opsumit {macitentan tablets. Prostacyclin analogs/mimetics include Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil oral inhalation powder), treprostinil injection, epoprostenol injection, Uptravi (selexipag tablets) and Yutrepia (treprostinil inhalation powder).
     - **iv.** The medication is prescribed by or in consultation with a cardiologist or a pulmonologist; OR
   - **B)** Patient is Currently Receiving Winrevair. Approve for 1 year if the patient meets BOTH of the following (i and ii):
     - **i.** Patient meets BOTH of the following (a and b):
       - **a)** Patient has had a right heart catheterization; AND
         Note: This refers to prior to starting therapy with a medication for WHO Group 1 PAH.
       - **b)** Results of the right heart catheterization confirmed the diagnosis of WHO Group 1 PAH; AND
     - **ii.** The medication is prescribed by or in consultation with a cardiologist or a pulmonologist.

CONDITIONS NOT COVERED

- **Winrevair™ (sotaterept-csrk subcutaneous injection – Merck)**

is(are) considered not medically necessary for ANY other use(s) including the following; criteria will be updated as newly published data are available.

REFERENCES

1. Winrevair® subcutaneous injection [prescribing information]. Rahway, NJ: Merck; October 2025.
2. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
3. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
4. Maron B. Revised definition of pulmonary hypertension and approach to management: a clinical primer. *J Am Heart Assoc*. 2023 April 7. [epub ahead of print].
5. Chang KY, Duval S, Badesch DB, et al. PHAR Investigators Mortality in Pulmonary Arterial Hypertension in the modern era: early insights from the Pulmonary Hypertension Association Registry. *J Am Heart Assoc*. 2022 May 3;11(9):e024969. doi: 10.1161/JAHA.121.024969.
6. 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.
7. Chin KM, Gaine SP, Gerges C, et al. Treatment algorithm for pulmonary arterial hypertension. *Eur Respir J.* 2024 Oct 31;64(4):2401325. doi: 10.1183/13993003.01325-2024.
8. Hoeper MM, Badesch DB, Ghofrani HA, et al. Phase 3 trial of sotatercept for treatment of pulmonary arterial hypertension. *N Engl J Med*. 2023;388(16): 1478-1490.
9. Humbert M, McLaughlin VV, Badesch DB, et al. Sotatercept in patients with pulmonary arterial hypertension at high risk for death. *N Engl J Med.* 2025 March 31. [Online ahead of print].

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	-	04/10/2024
Early Annual Revision	Regarding Documentation, "prescription claims records and prescription receipts" were added as examples. **Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1]:** "Documentation required" was added to the criteria stating the patient is currently receiving at least two other PAH therapies or the patient is receiving at least one other PAH therapy for ≥ 60 days and is intolerant to combination therapy.	01/15/2025
Early Annual Revision	**Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1:** To the requirement of Functional Class PAH, Class IV was added; previously, only Functional Class II and III were listed.	06/04/2025
Update	Policy updated to include expanded indication for adults with PAH, now including reduction in risk of clinical worsening events such as hospitalization, lung transplantation, and death.	N/A
Early Annual Revision	**Pulmonary Arterial Hypertension (PAH) World Health Organization (WHO) Group 1: T**he requirement that the patient is in Functional Class II, III, or IV was removed. A	03/04/2026

	requirement that, according to the prescriber, the patient is intermediate or high-risk or is low-risk or intermediate-low risk was added. For a patient with low-risk or intermediate-low risk, a requirement and associated Note was added for documentation that the patient has tried or is currently receiving one or more agents from the following different categories (either alone or in combination with another therapy) for ≥ 60 days: PDE5 inhibitors, ERAs, Adempas, or prostacyclin analogs/mimetics. The previous requirement for systemic therapy that applied to all patients was removed.	