| AETNA BETTER HEALTH® Coverage Policy/Guideline | | | | | |
|---|--------------------|-------------------|----------------|--------|--|
| Name: | Opsumit | | Page: | 1 of 4 | |
| Effective Date: 12/21/2023 | | Last Review Date: | 11/2023 | | |
| Applica | □Illinois | □Florida | ⊠Florida Kids | | |
| Applies to: | ⊠New Jersey | ⊠Maryland | □Michigan | | |
| ιο. | ⊠Pennsylvania Kids | □Virginia | □Kentucky PRMD | | |

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Opsumit under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Opsumit is an endothelin receptor antagonist (ERA) indicated for the treatment of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1) to reduce the risks of disease progression and hospitalization for PAH. Effectiveness was established in a long-term study in PAH patients with predominantly WHO Functional Class II-III symptoms treated for an average of 2 years. Patients had idiopathic and heritable PAH, PAH caused by connective tissue disorders, and PAH caused by congenital heart disease with repaired shunts.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Opsumit

Policy/Guideline:

Prescriber Specialties:

This medication must be prescribed by or in consultation with a pulmonologist or cardiologist.

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 > 20 mmHg
 - ii. PCWP ≤ 15 mmHg

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- iii. Pulmonary vascular resistance (PVR) \geq 3 Wood units in adult patients or pulmonary vascular resistance index (PVRI) \geq 3 Wood units x m² in pediatric patients
- 2. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

Criteria for Continuation of Therapy:

Authorization of 12 months may be granted for members with an indication listed in criteria for initial approval 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.

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



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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

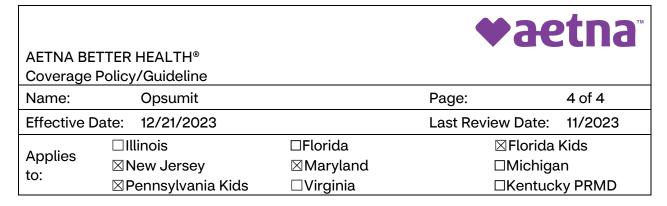
Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Opsumit 10 mg tablets: 30 per 30 days

References:

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