Reference number(s)
6456-A

Standard Medicare Part B Management Winrevair

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Winrevair	sotatercept-csrk

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 Indications[1]

Winrevair is indicated for the treatment of adults with pulmonary arterial hypertension (PAH, World Health Organization [WHO] Group 1) to increase exercise capacity, improve WHO functional class (FC), and reduce the risk of clinical worsening events.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions for initial therapy requests: Chart notes, medical record documentation, or claims history supporting current pulmonary arterial hypertension (PAH) therapy.

Coverage Criteria

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Pulmonary Arterial Hypertension (PAH)[1-7]

Authorization of 12 months may be granted for treatment of PAH in members 18 years of age and older when ALL of the following criteria are met:

- Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).
- PAH was confirmed by right heart catheterization with all of the following pretreatment (before any PAH therapy) results:
  - Mean pulmonary arterial pressure (mPAP) > 20 mmHg
  - Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
  - Pulmonary vascular resistance (PVR) > 2 Wood units
- The requested medication will be used as add-on therapy.
- Member is currently receiving PAH therapy with medications from at least two of the following drug classes:
  - Endothelin receptor antagonist (e.g., Letairis, Opsumit, Tracleer)
  - Phosphodiesterase-5 inhibitor (e.g., Adcirca, Revatio)
  - Soluble guanylate cyclase stimulator (e.g., Adempas)
  - Prostacyclin analog (e.g., Flolan, Orenitram, Remodulin, Tyvaso, Veletri, Ventavis)
  - Prostacyclin receptor agonist (e.g., Uptravi)

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested medication through a paid pharmacy or medical benefit.

Authorization of 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used to treat an indication listed in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as either:
  - Disease stability
  - Disease improvement

Appendix

WHO Classification of Pulmonary Hypertension (PH)[6]

Note: Patients with heritable PAH or PAH associated with drugs and toxins might be long-term responders to calcium channel blockers.

Group 1: Pulmonary Arterial Hypertension (PAH)

- Idiopathic

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

    - Long-term responders to calcium channel blockers
- Heritable
- Associated with drugs and toxins
- Associated with:
    - Connective tissue disease
    - Human immunodeficiency virus (HIV) infection
    - Portal hypertension
    - Congenital heart disease
    - Schistosomiasis
- PAH with features of venous/capillary (pulmonary veno-occlusive disease [PVOD]/pulmonary capillary hemangiomatosis [PCH]) involvement
- Persistent PH of the newborn

Group 2: PH associated with Left Heart Disease

- Heart failure:
    - With preserved ejection fraction
    - With reduced or mildly reduced ejection fraction
    - Cardiomyopathies with specific etiologies (i.e., hypertrophic, amyloid, Fabry disease, and Chagas disease)
- Valvular heart disease:
    - Aortic valve disease
    - Mitral valve disease
    - Mixed valvular disease
- Congenital/acquired cardiovascular conditions leading to post-capillary PH

Group 3: PH associated with Lung Diseases and/or Hypoxia

- Chronic obstructive pulmonary disease (COPD) and/or emphysema
- Interstitial lung disease
- Combined pulmonary fibrosis and emphysema
- Other parenchymal lung diseases (i.e., parenchymal lung diseases not included in Group 5)
- Nonparenchymal restrictive diseases:
    - Hypoventilation syndromes
    - Pneumonectomy
- Hypoxia without lung disease (e.g., high altitude)
- Developmental lung diseases

Group 4: PH associated with Pulmonary Artery Obstructions

- Chronic thromboembolic PH
- Other pulmonary artery obstructions:
    - Sarcomas (high- or intermediate-grade or angiosarcoma)
    - Other malignant tumors (e.g., renal carcinoma, uterine carcinoma, germ-cell tumors of the testis)
    - Non-malignant tumors (e.g., uterine leiomyoma)
    - Arteritis without connective tissue disease

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

  - Congenital pulmonary artery stenoses
  - Hydatidosis

Group 5: PH with Unclear and/or Multifactorial Mechanisms

- Hematological disorders, including inherited and acquired chronic hemolytic anemia and chronic myeloproliferative disorders
- Systemic disorders: Sarcoidosis, pulmonary Langerhans cell histiocytosis, and neurofibromatosis type 1
- Metabolic disorders, including glycogen storage diseases and Gaucher disease
- Chronic renal failure with or without hemodialysis
- Pulmonary tumor thrombotic microangiopathy
- Fibrosing mediastinitis
- Complex congenital heart disease

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Winrevair.
- The available compendium
  - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
  - Micromedex DrugDex
  - American Hospital Formulary Service- Drug Information (AHFS-DI)
  - Lexi-Drugs
  - Clinical Pharmacology
- Phase 3 Trial of Sotatercept for Treatment of Pulmonary Arterial Hypertension
- Haemodynamic definitions and updated clinical classification of pulmonary hypertension
- Definition, classification and diagnosis of pulmonary hypertension
- Treatment algorithm for pulmonary arterial hypertension

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Winrevair are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

The updated definition, classification, and diagnosis of pulmonary hypertension (PH) from the 7th World Symposium on Pulmonary Hypertension (WSPH) defines pre-capillary PH as the concomitant presence of mPAP > 20 mmHg, PAWP ≤ 15 mmHg, and PVR > 2 Wood units. As with the 6th WSPH, these hemodynamic characteristics are associated with pulmonary arterial hypertension (PAH; World Health Organization [WHO] Group 1). A right heart catheterization (RHC) is the diagnostic tool for accurate measurement of these criteria.

Support for using Winrevair as add-on therapy to treat PAH can be found in a study of sotatercept for the treatment of PAH (STELLAR). Hoeper and colleagues conducted the multicenter, double-blind, phase 3

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

STELLAR trial in adults with PAH (World Health Organization [WHO] functional class II or III) who were receiving stable background therapy. Background therapy referred to approved PAH-specific medications and consisted of monotherapy or combination therapy with endothelin receptor antagonists, phosphodiesterase-5 inhibitors, soluble guanylate cyclase stimulators, and/or prostacyclin analogues or receptor agonists. To be included in the trial, a diagnostic RHC must have confirmed WHO PAH Group 1 prior to screening. During the screening period, patients needed to have a baseline RHC showing PVR > 5 Wood units and a PCWP ≤ 15 mmHg. The primary endpoint of the trial was the change from baseline at week 24 in the 6-minute walk distance where the median change in baseline was 34.4 m (95% confidence interval [CI], 33.0 to 35.5) in the sotatercept group and 1.0 m (95% CI, -0.3 to 3.5) in the placebo group.

The 7th WSPH treatment algorithm for PAH also recommends adding activin-signaling inhibitor therapy (e.g., Winrevair) as additional therapy after initial combination treatment depending on the patient's risk assessment.

References

1. Winrevair [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; March 2024.
2. 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. doi: 10.1056/NEJMoa2213558
3. Hoeper MM, Badesch DB, Ghofrani HA, et al. Phase 3 trial of sotatercept for treatment of pulmonary arterial hypertension. Supplementary appendix. N Engl J Med. 2023;Suppl Appendix.
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. Acceleron Pharma, Inc. A Study of Sotatercept for the Treatment of Pulmonary Arterial Hypertension (MK-7962-003/A011-11)(STELLAR). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [4/25/2024]. Available from: https://clinicaltrials.gov/study/NCT04576988. NLM Identifier: NCT04576988.
6. Kovacs G, Bartolome S, Denton CP, et al. Definition, classification and diagnosis of pulmonary hypertension. Eur Respir J. 2024;64(4):2401324. doi: 10.1183/13993003.01324-2024
7. Chin KM, Gaine SP, Gerges C, et al. Treatment algorithm for pulmonary arterial hypertension. Eur Respir J. 2024; 64(4):2401325. doi: 10.1183/13993003.01325-2024

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.