

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

sotatercept-csrk (Winrevair)

Notes:

- Quantity Limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation.

Initiation (new start) criteria, and criteria for current and new Kaiser Permanente members already taking the medication who have not been reviewed previously:

Non-formulary **sotatercept-csrk (Winrevair)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is pulmonologist or cardiologist
- Patient has a diagnosis of pulmonary arterial hypertension World Health Organization (WHO) Group I. Diagnosis confirmed by right heart catheterization.
- Patient has WHO/New York Heart Association (NYHA) Functional Class II, III or IV symptoms.
- Patient is concomitantly receiving three therapies for PAH from the following drug class, OR patient is concomitantly receiving two therapies for PAH from the following drug classes, and has a contraindication or intolerance* to at least one additional drug class:
 - i. A phosphodiesterase type 5 (PDE5) inhibitor (e.g. sildenafil, tadalafil)
 - ii. An endothelin receptor antagonist (ERA) (e.g., ambrisentan, bosentan)
 - iii. Riociguat tablets
 - iv. A prostacyclin therapy (e.g., epoprostenol, treprostinil) or a prostacyclin receptor agonist (e.g., selexipag)