AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Bosentan	Page:	1 of 4
Effective Date:	12/21/2023	Last Review Date:	11/2023

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒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 Tracleer (bosentan) under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Indicated for the treatment of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1):

A. In adults to improve exercise ability and to decrease clinical worsening. Studies establishing effectiveness included predominantly patients with WHO Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH, PAH associated with connective tissue diseases, and PAH associated with congenital heart disease with left-to-right shunts.
B. In pediatric patients aged 3 years and older with idiopathic or congenital PAH to improve pulmonary vascular resistance (PVR), which is expected to result in an improvement in exercise ability.

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

Applicable Drug List:

Bosentan 125 mg tablets
Bosentan 62.5 mg tablets
Tracleer (bosentan) 32 mg tablets for suspension

Policy/Guideline:

Prescriber Specialty
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
   iii. Pulmonary vascular resistance (PVR) ≥ 3 Wood units in adult patients or pulmonary vascular resistance index (PVRI) ≥ 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
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:
- Bosentan 125 mg tablets: 60 per 30 days
- Bosentan 62.5mg tablets: 60 per 30 days
- Tracleer 32 mg tablets: 112 per 28 days

References:
1. Tracleer [package insert]. Titusville, NJ: Actelion Pharmaceuticals US, Inc.; July 2022.
2. Bosentan [package insert]. Baltimore, MD: Lupin Pharmaceuticals, Inc; January 2023.

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5. Badesch DB, Champion HC, Gomez-Sanchez MA, et al. Diagnosis and assessment of pulmonary arterial hypertension. *J Am Coll Cardiol.* 2009;54:S55-S66.
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8. Taichman DB, Ornelas J, Chung L, et al. Pharmacologic therapy for pulmonary arterial hypertension in adults. CHEST guideline and expert panel report. *Chest*. 2014;46(2):449-475.
9. Abman SH, Hansmann G, Archer SL, et al. Pediatric pulmonary hypertension: guidelines from the American Heart Association and American Thoracic Society. *Circulation*. 2015;132(21):2037-99.
10. Klinger, JR, Elliott CG, Levine DJ, et al. Therapy for Pulmonary Arterial Hypertension in Adults: Update of the CHEST Guidelines and Expert Panel Report. *Chest*. 2019:155(3): 565-586.
11. Galie N, McLaughlin VV, Rubin LJ, Simonneau G. An overview of the 6th World Symposium on Pulmonary Hypertension. *Eur Respir J.* 2019; 53: 1802148; DOI: 10.1183/13993003.02148-2018. Published 24 January 2019.
12. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J.* 2019;53:1801913; doi:10.1183/13993003.01913-2018.