

**WINREVAIR
(sotatercept-csrk)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Pulmonary Arterial Hypertension (PAH) - **WHO Group I**

a. NYHA functional classification of physical activity – **Class II or III**

AND ALL of the following:

1. Patient is currently receiving PAH therapy with medications from at least **TWO** of the following drug classes:

- a. Endothelin receptor antagonist (e.g., Letairis, Opsumit, Tracleer)
- b. Phosphodiesterase-5 inhibitor (e.g., Adcirca, Revatio)
- c. Soluble guanylate cyclase stimulator (e.g., Adempas)
- d. Prostacyclin analog (e.g., Flolan, Orenitram, Remodulin, Tyvaso, Veletri, Ventavis)
- e. Prostacyclin receptor agonist (e.g., Uptravi)

2. Used as add-on therapy

3. Prescribed by or recommended by a cardiologist or pulmonologist

4. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Winrevair and for 4 months after the last dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

**WINREVAIR
(sotatercept-csrk)**

Pulmonary Arterial Hypertension (PAH) - **WHO Group I**

AND the following:

1. Symptoms have improved or stabilized
2. Used as add-on therapy
3. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Winrevair and for 4 months after the last dose

Prior - Approval *Renewal* Limits

Same as above