Drug Coverage Policy

Effective Date.....6/01/2024
Coverage Policy Number.....IP0616
Policy Title.....Orenitram

Pulmonary Arterial Hypertension – Orenitram

- Orenitram® (treprostinil extended-release tablets - United Therapeutics)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

OVERVIEW
Orenitram, a prostacyclin mimetic, is indicated for the treatment of **pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1** to delay disease progression and to improve exercise capacity.[1]

Disease Overview

PAH is a serious but rare condition impacting fewer than 20,000 patients in the US.[2,3] It is classified within Group 1 pulmonary hypertension among the five different groups that are recognized. In this progressive disorder, the small arteries in the lungs become narrowed, restricted, or blocked causing the heart to work harder to pump blood, leading to activity impairment. Although the mean age of diagnosis is between 36 and 50 years, patients of any age may be affected, including pediatric patients. PAH is defined as a mean pulmonary artery pressure (mPAP) > 20 mmHg (at rest) with a pulmonary arterial wedge pressure (PAWP) ≤ 15 mmHg and a pulmonary vascular resistance > 2 Wood units measured by cardiac catheterization.[5] The prognosis in PAH has been described as poor, with the median survival being approximately 3 years. However, primarily due to advances in pharmacological therapies, the long-term prognosis has improved.

Guidelines
Various guidelines address oral prostacyclin products.[3,4] The CHEST guideline and Expert Panel Report regarding therapy for pulmonary arterial hypertension (2019) in adults details many medications.[3] It was cited that many agents with varying mechanisms of action are used for the management of PAH. It was noted that the addition of an oral prostanoid product is recommended in patients with PAH who are in Functional Class III without evidence of rapid disease progression or a poor prognosis among those not willing or able to manage parenteral prostanoids. The European Society of Cardiology and the European Respiratory Society guidelines regarding the treatment of pulmonary hypertension (2022) also recognize Orenitram as having a role in therapy, mainly as an agent to be added onto other PAH therapies.[4]

Safety
Abrupt discontinuation or sudden large reductions in the dosage of Orenitram may cause PAH symptoms to worsen.[1] In the event of a planned short-term treatment interruption for patients unable to take oral medication, consider a temporary infusion of subcutaneous or intravenous treprostinil.

Medical Necessity Criteria

Orenitram is considered medically necessary when the following criteria is met:

FDA-Approved Indication

1. **Pulmonary Arterial Hypertension (World Health Organization [WHO] Group 1).**
   Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 1 year if the patient meets all of the following (i, ii, iii, and iv):
     - **i.** Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
     - **ii.** Patient meets the following (a and b):
       - **a)** Patient has had a right heart catheterization; AND
       - **b)** Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND
     - **iii.** Patient meets one of the following (a or b):
       - **a)** Patient has tried two oral therapies for PAH (or is currently receiving them) from two of the three following different categories (either alone or in combination) each for ≥ 60 days: one phosphodiesterase type 5 (PDE5) inhibitor, one endothelin receptor antagonist (ERA), or Adempas (riociguat tablets); OR
         Note: Examples of phosphodiesterase type 5 inhibitors include sildenafil and tadalafil. Examples of endothelin receptor antagonists include bosentan, ambrisentan, and Opsumit (macitentan tablets).

b) Patient is receiving or has received in the past one PAH prostacyclin therapy or a prostacyclin receptor agonist (i.e., Uptravi [selexipag tablets]) for PAH; AND
Note: Examples of prostacyclin therapies for PAH include Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil oral inhalation), Ventavis (iloprost inhalation solution), treprostinil injection, and epoprostenol injection.

iv. Medication is prescribed by or in consultation with a cardiologist or a pulmonologist.

B) Patient is Currently Receiving Orenitram. Approve for 1 year if the patient meets all of the following (i, ii, and iii):

i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND

ii. Patient meets the following (a and b):

a) Patient has had a right heart catheterization; AND

b) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH); AND

iii. The medication is prescribed by, or in consultation with, a cardiologist or a pulmonologist.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use with Uptravi (selexipag tablets and intravenous infusion), Inhaled Prostacyclin Products, or Parenteral Prostacyclin Agents Used for Pulmonary Hypertension.**
   Note: Examples of medications include Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil oral inhalation powder), Ventavis (iloprost inhalation solution), epoprostenol intravenous infusion, and treprostinil subcutaneous or intravenous infusion (Remodulin, generic).

References

1. Orenitram® extended-release tablets [prescribing information]. Research Triangle Park, NC: United Therapeutics; August 2023.
2. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
3. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST*. 2019;155(3):565-586.
4. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
5. Maron B. Revised definition of pulmonary hypertension and approach to management: a clinical primer. *J Am Heart Assoc*. 2023 April 7. [epub ahead of print].

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy New stand-alone policy created; criteria previously housed in Pulmonary Hypertension Therapy – (6121) class policy. **For PAH:** Updated confirmation of PAH diagnosis to remove echocardiogram as an option; added the following: "Patient has tried two oral therapies for PAH (or is currently receiving them) from two of the three following different categories (either alone or in combination) each for ≥ 60 days: one phosphodiesterase type 5 (PDE5) inhibitor, one endothelin receptor antagonist (ERA), or Adempas (riociguat tablets) OR Patient is receiving or has received in the past one PAH prostacyclin therapy or a prostacyclin receptor agonist (i.e., Uptravi [selexipag tablets]) for PAH" **For Conditions Not Covered**: Added the following statement "Concurrent Use with Uptravi (selexipag tablets and intravenous infusion), Inhaled Prostacyclin Products, or Parenteral Prostacyclin Agents Used for Pulmonary Hypertension."	6/1/2024

The policy effective date is in force until updated or retired.