SPECIALTY GUIDELINE MANAGEMENT

Remodulin injection (treprostinil injection)
treprostinil injection (generic)

POLICY

I. 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
A. Pulmonary Arterial Hypertension
   Treprostinil/Remodulin is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to diminish symptoms associated with exercise.
B. Pulmonary Arterial Hypertension in Patients Requiring Transition from Epoprostenol
   In patients with PAH requiring transition from epoprostenol, treprostinil/Remodulin is indicated to diminish the rate of clinical deterioration. Consider the risks and benefits of each drug prior to transition.

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

II. CRITERIA FOR INITIAL APPROVAL

Pulmonary Arterial Hypertension (PAH)
Indefinite authorization 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. PVR ≥ 3 Wood units
   2. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

III. CONTINUATION OF THERAPY

Indefinite authorization may be granted for members with an indication listed in Section II 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.

IV. 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

V. REFERENCES


