ConnectiCare

Commercial/Healthcare Exchange PA Criteria
Effective: 5/11/2018

Prior Authorization: Letairis (ambrisentan)

Products Affected: Letairis (ambrisentan) oral tablets, ambrisentan oral tablets

Medication Description:

Ambrisentan is an endothelin receptor antagonist with selectivity for the endothelin type-A (ET-A) receptor. Ambrisentan blocks the vasoconstriction and cell proliferation effects of ET-A in the vascular smooth muscle and endothelium, which in turn relaxes the blood vessels and reduces the right atrial pressure in patients with pulmonary arterial hypertension

Covered Uses: Treatment of pulmonary arterial hypertension (PAH) (WHO Group 1): To improve exercise ability and delay clinical worsening. In combination with tadalafil to reduce the risks of disease progression and hospitalization for worsening PAH, and to improve exercise ability.

Exclusion Criteria:

1. Pregnancy
2. Idiopathic Pulmonary Fibrosis (IPF), including IPF patients with pulmonary hypertension (WHO Group 3)

Required Medical Information:

1. Diagnosis
2. World Health organization (WHO) functional class

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a pulmonologist or a cardiologist

Coverage Duration: 12 months

Other Criteria:

Pulmonary Arterial Hypertension

A. Patient has clinically diagnosed primary or secondary PAH (defined as a mean pulmonary arterial pressure >25mm Hg at rest or >30mm Hg during exercise, with a normal pulmonary capillary wedge pressure).

References:

1. Product Information: Letairis(R) oral tablets, ambrisentan oral tablets. Gilead Sciences, Inc. (per FDA), Foster City, CA, 2013.
2. Ambrisentan. IBM Micromedex® [database online]. Greenwood Village, CO. Truven Health Analytics. Available at: https://www.micromedexsolutions.com. Updated April 23, 2020. Accessed June 18, 2020.

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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/11/2018
2	Annual Review	No Changes; CCI adopted EH policy and template	All	01/14/2020
3	Revision	Updated coverage duration to 12 months Removal of other criteria: Patient must not be using tobacco products Removal of other criteria: NYHA functional class	All	7/1/2020
4	Revision	Required Medical information: Removed Previous therapies tried and failed Other criteria: Removed calcium channel step requirement, and short acting vasodilator trial	Required medical information Other Criteria	8/28/2020