

Clinical Policy: Ambrisentan (Letairis)

Reference Number: HIM.PA.SP4

Effective Date: 05/17

Last Review Date:

Line of Business: Health Insurance Marketplace

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Ambrisentan (Letairis[®]) is an endothelin receptor antagonist (ETRA).

FDA approved indication

Letairis is indicated for the treatment of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1) to improve exercise ability and delay clinical worsening.

It may be used in combination with tadalafil to reduce the risks of disease progression and hospitalization for worsening PAH, and to improve exercise ability.

Policy/Criteria

Provider *must* submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

I. Initial Approval Criteria

A. Pulmonary Hypertension (must meet all):

1. Prescribed by or in consultation with a cardiologist or pulmonologist experienced in the diagnosis and treatment of pulmonary hypertension (PH);
2. Diagnosis of PH confirmed by right heart catheterization and classified as (a and b):
 - a. WHO Group 1: PAH (pulmonary arterial hypertension; Appendix B) and (i or ii):
 - i. Inadequate response or contraindication to acute vasodilator testing;
 - ii. Trial and failure of, or contraindication to, at least one calcium channel blocker;
 - b. WHO/NYHA Functional Class II, III or IV (Appendix C);
3. Prescribed dose of Letairis does not exceed 10 mg once daily.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Pulmonary Hypertension (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Member is responding positively to therapy;
3. Prescribed dose of Letairis does not exceed 10 mg once daily.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy; or
2. Refer to HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – HIM.PHAR.21 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CTEPH: chronic thromboembolic pulmonary hypertension

ETRA: endothelin receptor antagonist

FC: functional classification

IP receptor: prostacyclin receptor

NYHA: New York Heart Association

PAH: pulmonary arterial hypertension

PDE5: phosphodiesterase-5

PH: pulmonary hypertension

sGC: soluble guanylate cyclase

WHO: World Health Organization

Appendix B: Pulmonary Hypertension: WHO Classification

- Group 1: PAH (pulmonary arterial hypertension)
- Group 2: PH due to left heart disease
- Group 3: PH due to lung disease and/or hypoxemia
- Group 4: CTEPH (chronic thromboembolic pulmonary hypertension)
- Group 5: PH due to unclear multifactorial mechanisms

Appendix C: Pulmonary Hypertension: WHO/NYHA Functional Classes (FC)

Treatment Approach*	FC	Status at Rest	Tolerance of Physical Activity (PA)	PA Limitations	Heart Failure
Monitoring for progression of PH and treatment of co-existing conditions	I	Comfortable at rest	No limitation	Ordinary PA does not cause undue dyspnea or fatigue, chest pain, or near syncope.	
Advanced treatment of PH with PH-targeted therapy - see Appendix D**	II	Comfortable at rest	Slight limitation	Ordinary PA causes undue dyspnea or fatigue, chest pain, or near syncope.	

Treatment Approach*	FC	Status at Rest	Tolerance of Physical Activity (PA)	PA Limitations	Heart Failure
	III	Comfortable at rest	Marked limitation	Less than ordinary PA causes undue dyspnea or fatigue, chest pain, or near syncope.	
	IV	Dyspnea or fatigue may be present at rest	Inability to carry out any PA without symptoms	Discomfort is increased by any PA.	Signs of right heart failure

*PH supportive measures may include diuretics, oxygen therapy, anticoagulation, digoxin, exercise, pneumococcal vaccination. **Advanced treatment options also include calcium channel blockers.

Appendix D: Pulmonary Hypertension: Targeted Therapies

Mechanism of Action	Drug Class	Drug Subclass	Drug	Brand/Generic Formulations
Reduction of pulmonary arterial pressure through vasodilation	Prostacyclin* pathway agonist <i>*Member of the prostanoid class of fatty acid derivatives.</i>	Prostacyclin	Epoprostenol	Velettri (IV) Flolan (IV) Flolan generic (IV)
		Synthetic prostacyclin analog	Treprostinil	Orenitram (oral tablet) Remodulin (IV) Tyvasco (inhalation)
			Iloprost	Ventavis (inhalation)
		Non-prostanoid prostacyclin receptor (IP receptor) agonist	Selexipag	Uptravi (oral tablet)
	Endothelin receptor antagonist (ETRA)	Selective receptor antagonist	Ambrisentan	Letairis (oral tablet)
		Nonselective dual action receptor antagonist	Bosentan	Tracleer (oral tablet)
	Macitentan		Opsummit (oral tablet)	
	Nitric oxide-cyclic guanosine monophosphate enhancer	Phosphodiesterase type 5 (PDE5) inhibitor	Sildenafil	Revatio (IV, oral tablet, oral suspension)
			Tadalafil	Adcirca (oral tablet)
		Guanylate cyclase stimulant (sGC)	Riociguat	Adempas (oral tablet)

V. References

- Letairis prescribing information. Foster City, CA: Gilead Sciences, Inc.; October 2015. Available at https://www.letairis.com/patients/open-pdf?file=http://www.gilead.com/~media/Files/pdfs/medicines/cardiovascular/letairis/letairis_pi.pdf. Accessed February 9, 2017.
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12. Fedullo PF. Chronic thromboembolic pulmonary hypertension: Medical treatment. In: UpToDate, Waltham, MA: Walters Kluwer Health; 2017. Available at UpToDate.com. Accessed February 14, 2017.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	02/17	05/17

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

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