ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Initial Request** ☐ **Renewal** ☐ **Appeal/Redetermination**[1]

☐ **Urgent**[2] ☐ **Non-Urgent**

Requested Drug Name: Tracleer® (bosentan) – Medicare Part D

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit:

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Tracleer® (bosentan)

Diagnosis (documentation supportive of diagnosis is required)

☐ Pulmonary Arterial Hypertension
☐ WHO Group I
☐ NYHA Functional Class II to IV symptoms
☐ Other (please state): _____

Physician Specialty

☐ Pulmonology
☐ Cardiology
☐ Other (please state): _____

☐ For use in clinical trial? (If yes, provide trial name and registration number):

Drug Name (Brand Name and Scientific Name)/Strength:

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	

Product will be delivered to: ☐ Patient's Home ☐ Physician Office Other:

Prescriber or Authorized Signature: Date:

Dispensing Pharmacy Name and Phone Number:

☐ **Approved** ☐ **Denied**

If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:

1. Appeal/redetermination requests can be made for this medication within 60 calendar days from the date on the faxed/written denial notice you received at the time of the original request.

2. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Tracleer® (bosentan)

CLASSIFICATION

- Pulmonary Antihypertensive
- Dual endothelin receptor antagonist

DESCRIPTION

- Tracleer® is a specific and competitive antagonist at endothelin receptor types ET_A and ET_B with a higher affinity for ET_A. Endothelin-1 (ET-1) is a neurohormone and a potent vasoconstrictor that can promote fibrosis, cell proliferation and tissue remodeling. This effect is mediated by the binding to ET_A and ET_B in the endothelium and vascular smooth muscle. ET-1 is a suggested target in PAH because concentrations are elevated in plasma and lung tissue of patients with PAH. The speculated result is peripheral vasodilation.
- Tracleer® is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise ability and delay clinical worsening. Efficacy trials included predominately patients with NYHA Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH (60%), PAH associated with connective tissue diseases (21%), and PAH associated with congenital systemic-to-pulmonary shunts (18%).
- Patients with WHO Class II symptoms: treatment with bosentan showed a reduction in the rate of clinical deterioration and a trend for improvement in walk distance. Physicians should consider whether these benefits are sufficient to offset the risk of liver injury in WHO Class II patients, which may preclude future use as their disease progresses.
- Oral bosentan provided significant increases in 6-minute walking distance ($p< 0.001$) and significantly prolonged the time to clinical worsening ($p=0.002$) in patients with symptomatic, severe pulmonary arterial hypertension, according to the double- blind, multicenter BREATHE-1 study (n=213; Bosentan Randomized Trial of Endothelin Antagonist Therapy).
- In a randomized, double-blind, placebo-controlled study (EARLY study; n=185), oral bosentan therapy was associated with greater decreases in pulmonary vascular resistance and clinical deterioration in adults and adolescents with mildly symptomatic pulmonary arterial hypertension.
- Tracleer® is only available through a special restricted distribution program called the Tracleer Access Program (T.A.P.) due to the *black box warning* for risk of liver injury and birth defects. Prescribers, patients and pharmacies must be registered in order to prescribe and distribute Tracleer®.
- Improvement in signs and symptoms of pulmonary arterial hypertension (dyspnea or fatigue, chest pain, or near syncope), exercise capacity, WHO functional classification, and a decrease in the rate of clinical worsening are indicative of efficacy.

FORMULARY COVERAGE

Prior authorization:	Required
Good Health Formulary:	Tier 4
Commercial Formulary:	Tier 4
Medicare Part D coverage:	Tier 5

COVERAGE CRITERIA

Tracleer (bosentan) meets the definition of **medical necessity** for all FDA-approved indications, not otherwise excluded from Part D, including the following:

- Pulmonary arterial hypertension (WHO Group I) with NYHA Functional Class II-IV symptoms *(documentation required).*

Tracleer (bosentan) is considered **experimental** for the following:

- Bosentan will not be covered for any indication that is not FDA approved or Compendia supported.
- Consideration will be given to Compendia supported uses including Eisenmenger's syndrome (WHO group III).

Required Provider Specialty:

- Approval is limited to Pulmonary and Cardiology specialists

DOSAGE/ADMINISTRATION:

Adult Dosing (Safety and efficacy of bosentan in pediatric patients have not been established):

Normal Dosing:
Pulmonary Arterial Hypertension:
- Initiate with 62.5mg twice daily for 4 weeks
- May be increased to maintenance dose of 125mg twice daily
- Consider dose reduction to 62.5mg twice daily for 3 to 7 days for treatment discontinuation

Dose adjustments:
Pre-existing hepatic impairment:
- Tracleer should generally be avoided in patients with moderate or severe liver impairment. Initiation of Tracleer should generally be avoided in patients with elevated aminotransferases >3×ULN. No dose adjustment is required in patients with mildly impaired liver function.

Dose adjustment for patients developing aminotransferase elevations:
- Treatment should be stopped if elevated ALT or AST with clinical symptoms or increases in bilirubin of 2 or more times the ULN.
    - ALT/AST levels >3 and ≤ 5 times ULN, reduce daily dose to 62.5 mg twice daily or interrupt treatment and monitor aminotransferase levels at least every 2 weeks; if levels return to pretreatment values, continue or reintroduce the treatment as appropriate; if reintroduced, the dose should be the starting dose; check aminotransferase levels within 3 days and thereafter at least every 2 weeks.
    - Stop treatment and monitor aminotransferase levels at least every 2 weeks if ALT/AST levels >5 and ≤8 times ULN; if aminotransferase levels return to pretreatment values, consider reintroduction of the treatment; if reintroduced, the dose should be the starting dose; check aminotransferase levels within 3 days and thereafter at least every 2 weeks.
    - Stop treatment if ALT/AST levels >8 times ULN. Reintroduction should not be considered due to no experience with reintroduction in these circumstances.

Low body weight (>12 years old and <40 kg)
- Initial and maintenance dose: 62.5 mg orally twice daily

Concomitant ritonavir:

- Start bosentan at 62.5 mg once daily or every other day in patients already receiving ritonavir for at least 10 days.
- If initiating ritonavir, discontinue bosentan at least 36 hours prior to administration of ritonavir; resume bosentan at 62.5 mg daily or every other day at least 10 days after initiation of ritonavir.

PRECAUTIONS:

Black Box Warning

- **Risk of hepatotoxicity and teratogenicity: Due to** the risks of hepatotoxicity and birth defects, bosentan is available only through a restricted program called the Tracleer® Access Program (TAP). TAP is a component of the Tracleer® Risk Evaluation and Mitigation Strategy (REMS). Under the Tracleer® REMS, prescribers, patients, and pharmacies must enroll in the program.
- *Hepatotoxicity:* In clinical studies, bosentan caused at least 3-fold ULN elevation of liver aminotransferases (ALT and AST) in about 11% of patients, accompanied by elevated bilirubin in a small number of cases. Because these changes are a marker for potential serious hepatotoxicity, serum aminotransferase levels must be measured prior to initiation of treatment and then monthly. In the postmarketing period, in the setting of close monitoring, rare cases of unexplained hepatic cirrhosis were reported after prolonged (> 12 months) therapy with bosentan in patients with multiple comorbidities and drug therapies. There have also been reports of liver failure. The contribution of bosentan in these cases could not be excluded.
  Adhere to a strict monthly monitoring schedule for the duration of treatment and the treatment algorithm, which includes stopping bosentan with a rise of aminotransferases accompanied by signs or symptoms of liver dysfunction.
  Elevations in aminotransferases require close attention. Bosentan should generally be avoided in patients with elevated aminotransferases (> 3 times ULN) at baseline because monitoring for hepatotoxicity may be more difficult. If liver aminotransferase elevations are accompanied by clinical symptoms of hepatotoxicity (**e.g.,** nausea, vomiting, fever, abdominal pain, jaundice, or unusual lethargy or fatigue) or increases in bilirubin greater than or equal to 2 times ULN, treatment with bosentan should be stopped. There is no experience with the reintroduction of bosentan in these circumstances.
- *Teratogenicity (Pregnancy Category X):* Bosentan is likely to cause major birth defects if used by pregnant females based on animal data. Therefore, pregnancy must be excluded before the start of treatment with bosentan. Throughout treatment and for 1 month after stopping bosentan, females of childbearing potential must use 2 reliable methods of contraception unless the patient has a tubal sterilization or Copper T 380A IUD or LNg 20 IUS inserted, in which case no other contraception is needed. Hormonal contraceptives, including oral, injectable, transdermal, and implantable contraceptives should not be used as the sole means of contraception because these may not be effective in patients receiving bosentan. Obtain monthly pregnancy tests.

Contraindications

- Use with cyclosporine A or glyburide
- Pregnant or may become pregnant
- Hypersensitivity to bosentan or any of its components

Precautions

- Do not discontinue treatment abruptly; taper to avoid potential for clinical deterioration.
- Concomitant use of a CYP2C9 inhibitor (e.g. fluconazole, amiodarone) plus a strong or moderate CYP3A inhibitor (e.g. ketoconazole, itraconazole, amprenavir, erythromycin, fluconazole, diltiazem) is not recommended.
- **C**oncomitant use with atazanavir without ritonavir is not recommended
- Fluid retention and peripheral edema may occur; sometimes occurring within weeks of initiation; may require discontinuation of therapy and medical management.

- Hemoglobin and hematocrit dose-related decreases have been observed and monitoring is recommended
- Signs of pulmonary edema may occur; if associated with pulmonary veno-occlusive disease then discontinue use.

Billing/Coding information

CPT Coding:

J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified

COST

- AWP (November 2011): Tracleer 62.5mg and 125mg tablets (60): $6,876
- AWP (March 2014): Tracleer 62.5mg and 125mg tablets (60): $8,874
- AWP (December 2014): Tracleer 62.5mg and 125mg tablets (60): $9,864

COMMITTEE APPROVAL:

- March 2002

GUIDELINE UPDATE INFORMATION:

March 2002	Prior Authorization Form created
November 2011	Coverage Policy created
May 2015	Coverage Policy reviewed; AWP updated

REFERENCES:

- DRUGDEX®, accessed 11/17/2011, 5/10/2014, 5/27/2015
- Product Information: Tracleer ® (bosentan) oral. Actelion Pharmaceuticals US, Inc., South San Francisco, CA, 2009, 2012.