STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

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Cabinet Secretary

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Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
Winrevair® (sotatercept-csrk)
Effective 9/25/2024
Prior Authorization Request Form

WINREVAIR is an activin signaling inhibitor indicated for the treatment of adults with pulmonary arterial hypertension (PAH, WHO Group 1) to increase exercise capacity, improve WHO functional class (FC) and reduce the risk of clinical worsening events.

CRITERIA FOR APPROVAL:

1. The patient has a diagnosis of WHO Group 1 PAH which is confirmed by the results of a documented (chart notes and catheterization laboratory reports) right heart catherization; **AND**

2. Symptomatic PAH classified as WHO Functional Class (FC) II, III or IV; **AND**

3. Patient is within the age range as recommended by the FDA label; **AND**

4. Must be prescribed by, or in consultation with, a M.D./D.O. cardiologist or pulmonologist; **AND**

5. Patient is currently receiving at least **TWO** other PAH therapies from the following different pharmacologic categories each for > 60 days:

    a) phosphodiesterase type 5 inhibitors (PDE5i), or
    b) endothelin receptor antagonists (ERAs), or
    c) soluble guanylate cyclase stimulator (sGCs), or
    d) prostacyclins.

Initial approvals may be authorized for 90 days. Further approvals may be granted for 1 year after all the continuation of therapy criteria has been met.

CONTINUATION OF THERAPY CRITERIA:

1. Patient continues to meet all initial approval criteria; **AND**
2. Demonstrate continued documented compliance.

DUR Board Approval: 9/25/2024