

Policy Name:	Tracleer (bosentan)	Policy #:	1975P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Tracleer and bosentan.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Tracleer or bosentan under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for Pulmonary Arterial Hypertension (PAH)

- 1.1 Prescribed by a pulmonologist (lung doctor) or cardiologist (heart doctor)
- 1.2 Diagnosis of PAH with a resting (25 mmHg) or active (30 mmHg) mean pulmonary artery pressure confirmed by right heart catheterization or echocardiography
- 1.3 World Health Organization (WHO) Group 1, New York Heart Association (NYHA) Functional Class II through IV symptoms in adult patients ages 18 years or older OR World Health Organization (WHO) Group 1 pediatric patients age 3 years or older with idiopathic or congenital PAH
- 1.4 Documented previous failure of or contraindication to a calcium channel blocker (CCB; such as amlodipine) if testing reveals vasoreactivity
- 1.5 If a biological female, documentation that the member is not currently pregnant
- 1.6 Documentation that Tracleer will not be used with cyclosporine or glyburide
- 1.7 Coverage of Tracleer requires a documented allergic reaction to generic bosentan

2. Approval Time

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

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Created Date: 02/06/13

Effective Date: 02/06/13

Posted to Website: 01/01/2022

Revision Date: 06/07/2023

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.