

Policy Name:	Remodulin (treprostinil)	Policy #:	1977P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Remodulin and treprostinil.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Remodulin or treprostinil under the specialty medical 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
- 1.4 Member is at least 18 years of age
- 1.5 Documented previous failure of or contraindication to a calcium channel blocker (CCB; such as amlodipine) if testing reveals vasoreactivity

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

J3285	Injection, treprostinil, 1mg
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References

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2. Galie N, Corris P, Frost A, et al. Updated treatment algorithm of pulmonary arterial hypertension. *J Am Coll Cardiol.* 2013;62:D60–72.
3. McLaughlin VV, Archer SL, Badesch DB, et al. ACCF/AHA 2009 expert consensus document on pulmonary hypertension a report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association developed in collaboration with the American College of Chest Physicians; American Thoracic Society, Inc.; and the Pulmonary Hypertension Association. *J Am Coll Cardiol.* 2009;53(17):1573–1619.

1. Humbert M, Kovacs G, Hoeper MM, et al; ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022;43(38):3618-3731.
2. Remodulin [package insert]. Research Triangle Park, NC: United Therapeutics Corp.; July 2021.
3. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults: update of the CHEST guideline and expert panel report. *Chest*. 2019;155(3):565-586.
4. Simonneau G, Robbins IM, Beghetti M, et al. Updated clinical classification of pulmonary hypertension. *J Am Coll Cardiol*. 2009;54:S43–S54.

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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.