Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

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Tracleer (bosentan)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tracleer (bosentan)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Tracleer (bosentan) may be approved if the following criteria are met:

I. Individual has a catheterization-proven diagnosis[3] of pulmonary arterial hypertension (PAH) [World Health Organization (WHO) Group 1][4]; **AND**
II. Individual has WHO functional class II-IV[5] symptoms;

OR

III. Individual has a diagnosis of Eisenmenger's syndrome associated with a catheterization-proven diagnosis[3] of PAH (WHO Group 1)[4] (DrugPoints B IIa); **AND**
IV. Individual has WHO functional class ll-IV[5] symptoms.

Tracleer (bosentan) may **not** be approved for the following:

I. Individual has a diagnosis of moderate (Child-Pugh Class B) or severe (Child-Pugh Class C) hepatic impairment; **OR**
II. Individual is initiating therapy and has elevated [greater than 3 times the upper limit of normal (ULN)] baseline aminotransferase levels; **OR**
III. In combination with other endothelin receptor antagonist (ERA) agents, such as but not limited to Letairis (ambrisentan) or Opsumit (macitentan); **OR**
IV. In the treatment of congestive heart failure with left ventricular dysfunction; **OR**
V. Individual is concomitantly taking cyclosporine A or glyburide.

Notes:

1. In individuals with WHO functional class ll symptoms, the benefits (reduction in rate of clinical deterioration and trend toward improved walk distance) and risks (hepatotoxicity) of therapy should be considered.
2. Tracleer (bosentan) has black box warnings for risks of hepatotoxicity and embryo-fetal

Market Applicability															
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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

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toxicity. Tracleer is available only through a restricted program called the Tracleer REMS Program. The Tracleer REMS program is a component of the Tracleer Risk Evaluation and Mitigation Strategy (REMS). Under the Tracleer REMS, prescribers, individuals, and pharmacies must enroll in the program. Serum aminotransferase levels must be measured prior to initiation of treatment and then monthly. Tracleer should generally be avoided in individuals with elevated aminotransferases (> 3 x ULN) at baseline because monitoring for hepatotoxicity may be more difficult. If liver aminotransferase elevations are accompanied by clinical symptoms of hepatotoxicity (such as nausea, vomiting, fever, abdominal pain, jaundice, or unusual lethargy or fatigue) or increases in bilirubin ≥ 2 x ULN, treatment should be stopped. Tracleer is likely to cause major birth defects based on animal data. Pregnancy must be excluded before the start of treatment with Tracleer. Throughout treatment and for one month after stopping Tracleer, females of reproductive potential must use two reliable methods of contraception unless the individual has a tubal sterilization or intrauterine device (IUD), in which case no other contraception is needed. Hormonal contraceptives, including oral, injectable, transdermal, and implantable forms should not be used as the sole means of contraception because these may not be effective. Monthly pregnancy tests should be obtained.

3. Diagnostic criteria:
    A. PAH: Right heart catheterization which shows a mean pulmonary artery pressure (mPAP) greater than 25 mm Hg; a pulmonary capillary wedge pressure (PCWP), left atrial pressure, or left ventricular end- diastolic pressure (LVEDP) less than or equal to 15 mm Hg; and a pulmonary vascular resistance (PVR) greater than 3 Wood units (ACCF/AHA 2009). In pediatric patients, right heart catheterization which shows a mean pulmonary artery pressure (mPAP) greater than or equal to 25 mm Hg; a pulmonary artery wedge pressure (PAWP) less than 15 mm Hg; and a pulmonary vascular resistance index (PVRI) greater than 2 Wood units (AHA/ATS 2015).
    B. CTEPH: Pulmonary angiography via right-heart catheterization which shows a mPAP greater than 25 mm Hg caused by thromboemboli in the pulmonary arterial system (ACCF/AHA 2009).

4. WHO Pulmonary Hypertension (PH) Group Classification (ACCF/AHA 2009):
    A. Group 1: Pulmonary arterial hypertension (PAH)
    B. Group 2: PH due to left heart disease
    C. Group 3: PH due to lung diseases and/or hypoxia
    D. Group 4: Chronic thromboembolic PH (CTEPH)
    E. Group 5: Miscellaneous/PH with unclear multifactorial mechanisms

5. WHO functional classification of PH (CHEST 2014):
    A. Class I: No limitation of physical activity. Ordinary physical activity does

Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

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not cause undue dyspnea or fatigue, chest pain, or near syncope.

B. Class ll: Slight limitation of physical activity. Comfortable at rest but ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
C. Class lll: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope.
D. Class IV: Inability to carry out any physical activity without symptoms. Dyspnea and/or fatigue may be present at rest and discomfort is increased by any physical activity.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed January 9, 2018.

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