



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: ambrisentan

Brand Name: Letairis

Medication Class: Selective endothelin type A receptor antagonist

FDA Approved Uses: Treatment of symptomatic patients (WHO class II or III) with pulmonary hypertension (PAH)

Available Dosage Forms: 5 mg and 10 mg tablet

Usual Dose: 5mg once daily may; be increased to 10 mg once daily if 5 mg is tolerated.

Duration of Therapy: Indefinite

Approximate monthly cost (based on AWP 2007): \$4,728.00

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed pulmonary arterial hypertension WHO group 1
- WHO Class II or III.
- Failed therapy with calcium channel blockers
- Women of child bearing age must have a negative pregnancy test and must be using two reliable methods of contraception unless the patient has had a tubal sterilization or a Copper T 380A IUD or LNg 20 IUD inserted.
- Aminotransferases must be less than 3 x the ULN at baseline.
- Patients, prescribers, and pharmacies must be enrolled in LEAP (Letairis Education and Access Program) at 1-800-664-5327 in order to obtain the medication

Criteria for Continuation of Therapy:

- Improved exercise capacity.
- Delay in clinical worsening.
- Women of child bearing age must have monthly pregnancy tests with negative results.
- Aminotransferases must remain less than 3 x the ULN and patient must have no clinical symptoms or liver injury (nausea, vomiting, fever, abdominal pain, jaundice, or unusual lethargy or fatigue).
- Bilirubin must be less than 2 x the ULN.

Cautions:

- Not recommended in patients with moderate or severe hepatic impairment.

Monitoring:

- Measure hemoglobin at initiation, at 1 month, and periodically thereafter.
- Monitor liver transaminases monthly.



Contraindications:

- Women who are pregnant.

Not Approved if:

- Patient has any contraindications to the use of ambrisentan.
- Patient does not meet the above stated criteria for approval.

Special Considerations:

Drugs for Pulmonary Arterial Hypertension (Medical Letter 2007)

| Drug | Route | Dosage | Cost ¹ |
|---|------------------------------|--|-----------------------|
| Ambrisentan – <i>Letairis</i> ² | oral | 5-10 mg once/d | \$4,728.00 |
| Bosentan – <i>Tracleer</i> ² | oral | 62.5 mg bid (for 4 wks) then 125 mg bid ⁴ | 4,657.50 ³ |
| Sildenafil – <i>Revatio</i> | oral | 20-80 mg tid | 1,063.45 |
| Epoprostenol – <i>Flolan</i> ² | continuous | 20-40 ng/kg/min ⁵ IV infusion | 2,762.73 ⁶ |
| Treprostinil – <i>Remodulin</i> ² | continuous SC IV infusion | 40-160 ng/kg/min ⁷ | 8,134.56 ⁶ |
| Iloprost – <i>Ventavis</i> ² | inhalation | 2.5-5 mcg/inhalation, 6-9 times a day | 7,678.80 |

1. Cost of 30 days' treatment at the lowest dosage for the drug alone according to Wolters Kluwer Health (May 31, 2007), or AWP listings in *Red Book* 2007, and the October 2007 *Update*. Ancillary costs will substantially increase the cost of non-oral drugs. Assistance in purchasing these drugs is available from the manufacturers.

2. Available only through specialty pharmacies such as Accredo Therapeutics (866-344-4874) or Curascript (866-474-8326).

3. Price for 30 days' maintenance treatment.

4. Tablets should be taken in the morning and evening with or without food.

5. Initial dosage recommended is 2 ng/kg/min with subsequent increases of 2 ng/kg/min as tolerated. Dosage requirements tend to increase over time. Average dosage after 6 months is about 20-40 ng/kg/min.

6. For a 70-kg patient.

7. Initial dosage recommended is 1.25 ng/kg/min, or half if poorly tolerated, with subsequent increases of <1.25 ng/kg/min weekly for the first 4 weeks, then <2 ng/kg/min weekly thereafter. Average dosage after 9 months is about 60 ng/kg/min.

P&T Approval: _____ Date: _____