

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1448-2
Program	Prior Authorization/Notification
Medication	Winrevair™ (sotatercept-csrk)
P&T Approval Date	6/2024, 6/2025
Effective Date	9/1/2025

1. Background:

Winrevair (sotatercept-csrk) 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.¹

2. Coverage Criteria^a:

A. Initial Authorization

1. **Winrevair** will be approved based on the following criterion:

- a. Diagnosis of pulmonary arterial hypertension

Authorization will be issued for 12 months.

B. Reauthorization

1. **Winrevair** will be approved based on the following criterion:

- a. Documentation of positive clinical response to Winrevair therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limitations may be in place.

4. References:

1. Winrevair [package insert]. Rahway, NJ: Merck & Co., Inc; March 2024

Program	Prior Authorization/Notification – Winrevair™ (sotatercept-csrk)
Change Control	
6/2024	New program
6/2025	Annual review. No changes to coverage criteria.