Uptravi (selexipag)

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

Medications	Quantity Limit
Uptravi 200 mcg-800 mcg Titration Pack	May be subject to quantity limit
Uptravi 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	
Uptravi 1800 mcg injection, for intravenous use	

APPROVAL CRITERIA

Initial requests for Uptravi (selexipag) tablets may be approved if the following criteria are met:

I. Individual has pulmonary arterial hypertension (PAH) [World Health Organization (WHO) Group 1][1]; **AND**
II. Individual has a right-heart catheterization showing all of the following (Hoeper, 2013; Ivy, 2013; Abman, 2015):
    A. Mean pulmonary artery pressure (mPAP) greater than or equal to 25 mm Hg at rest;
    B. Pulmonary capillary wedge pressure (PCWP), mean pulmonary artery wedge pressure (PAWP), left atrial pressure, or left ventricular end-diastolic pressure (LVEDP) less than or equal to 15 mm Hg;
    C. Pulmonary vascular resistance (PVR) greater than 3 Wood units; **AND**
III. Individual has WHO functional class II-IV[2] symptoms.

Continuation requests for Uptravi (selexipag) tablets may be approved if the following criterion is met:

I. There is clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement in walk distance, dyspnea and/or functional class).

Initial requests for Uptravi (selexipag) injection may be approved if the following criteria are met:

I. Individual has pulmonary arterial hypertension (PAH) [World Health Organization (WHO) Group 1][1]; **AND**

II. Individual has a right-heart catheterization showing all of the following (Hoeper 2013; Ivy 2013; Abman 2015):
    A. Mean pulmonary arterial pressure (mPAP) greater than or equal to 25 mm Hg at rest;
    B. Pulmonary capillary wedge pressure (PCWP), mean pulmonary arterial wedge pressure (PAWP), left atrial pressure, or left ventricular end-diastolic pressure (LVEDP) less than or equal to 15 mm Hg;
    C. Pulmonary vascular resistance (PVR) greater than 3 Wood units; **AND**
III. Individual has WHO functional class II-IV[2] symptoms; **AND**
IV. Individual is temporarily unable to take oral dose forms and requires continued therapy.

Continuation requests for Uptravi (selexipag) injection may be approved if the following criteria are met:

I. There is clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improvement in walk distance, dyspnea and/or functional class); **AND**
II. Individual is unable to take oral dose forms and requires continued injection therapy.

Uptravi (selexipag) may not be approved for the following:

I. Individual has a diagnosis of severe hepatic impairment (Child-Pugh Class C); **OR**
II. In combination with prostacyclin analogs [such as but not limited to treprostinil (Orenitram, Remodulin, Tyvaso), epoprostenol (Flolan, Veletri), Ventavis (iloprost)]; **OR**
III. In combination with a strong inhibitor of CYP2C8 (including but not limited to gemfibrozil); **OR**
IV. Individual is on dialysis or a glomerular filtration rate less than 15 mL/min/1.73 m^2.

Notes:

1. 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

2. WHO functional classification of PH (CHEST 2019):
    A. Class I: No limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain, or near syncope.
    B. Class II: Slight limitation of physical activity. Comfortable at rest but ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
    C. Class III: 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.

Key References:

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2. Badesch BD, Abman SH, Simonneau G, et al. Medical therapy for pulmonary arterial hypertension: updated ACCP evidence-based clinical practice guidelines. *Chest*. 2007; 131(6):1917-1928.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: January 15, 2023.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Hoeper MM, Bogaard HJ, Condliffe R, et al. Definitions and Diagnosis of Pulmonary Hypertension. *J Am Coll Cardiol*. 2013; 62(suppl 25):D42- D50. Available at: http://www.onlinejacc.org/content/62/25_Supplement/D42. Accessed: January 16, 2023.
6. Ivy DD, Abman SH, Barst RJ, et al. Pediatric Pulmonary Hypertension. *J Am Coll Cardiol*. 2013; 62(suppl 25):D117-D126. Available from: http://www.onlinejacc.org/content/62/25_Supplement/D117. Accessed: January 16, 2023.
7. 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.
8. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
9. 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. *J Am Coll Cardiol*. 2009; 53:1573-1619. Available at: http://circ.ahajournals.org/content/119/16/2250.full.pdf+html. Accessed: January 16, 2023.
10. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J*. 2019; 53(1).