

Drug Policy

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| Policy: CC Impacted Drugs: | Uptravi (selexipag) <ul style="list-style-type: none"> Uptravi® (selexipag tablets – Actelion/Janssen) <u>Note:</u> Uptravi injection is not included in this policy | Annual Review Date: 02/15/2024 Last Revised Date: 02/15/2024 |
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OVERVIEW

Uptravi, a prostacyclin receptor agonist, is indicated for the treatment of **pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1** to delay disease progression and reduce the risk of hospitalization for PAH.

POLICY STATEMENT

This policy involves the use of Uptravi. Prior authorization is recommended for pharmacy benefit coverage of Uptravi. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Uptravi as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Uptravi be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Uptravi is recommended in those who meet the following criteria:

1. Pulmonary Arterial Hypertension (World Health Organization [WHO] Group 1)

Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) **Initial Therapy.** Approve for 1 year if the patient meets the following criteria (i, ii, iii, and iv):
 - i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
 - ii. Patient meets the following criteria (a and b):
 - a) Patient has had a right heart catheterization **[documentation required]** (see documentation section below); AND
 - b) Results for the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND
 - iii. Patient meets ONE the of following conditions (a or b):

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- a) Patient has tried or is currently receiving at least one oral medication for PAH from one of the three following different categories (either alone or in combination) each for ≥ 60 days: one phosphodiesterase type 5 (PDE5) inhibitor, one endothelin receptor antagonist (ERA), or Adempas (riociguat tablets); OR
Note: Examples of phosphodiesterase type 5 inhibitors include sildenafil, and tadalafil. Examples of endothelin receptor antagonists include bosentan, ambrisentan, and Opsumit (macitentan tablets).
 - b) Patient is currently receiving, or has a history of receiving, one prostacyclin therapy for PAH; AND
Note: Examples of prostacyclin therapies for PAH include Orenitram (treprostinil tablets), Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil inhalation solution), Ventavis (iloprost inhalation solution), treprostinil injection, and epoprostenol injection; AND
 - iv. The medication is prescribed by, or in consultation with, a cardiologist or a pulmonologist.
- B) Patients Currently Receiving Uptravi.** Approve for 1 year if the patient meets all of the following criteria (i, ii, iii, and iv):
- i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
 - ii. Patient meets the following criteria (a and b):
 - a) Patient has had a right heart catheterization; AND
 - b) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND
 - iii. The medication is prescribed by or in consultation with a cardiologist or a pulmonologist; AND
 - iv. The patient is experiencing a beneficial response from Uptravi, including any of the following: reduced pulmonary vascular resistance and/or pressure, improved symptoms, and/or improved patient activity

Initial Approval/ Extended Approval.

A) *Initial Approval:* 1 year

B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Uptravi has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Concurrent Use with Orenitram, Inhaled Prostacyclin Products, or Parenteral Prostacyclin Agents Used for Pulmonary Hypertension.** Use in combination is not appropriate.
Note: Examples of medications include Tyvaso (treprostinil inhalation solution), Tyvaso DPI (treprostinil oral inhalation powder), Ventavis (iloprost inhalation solution), epoprostenol intravenous infusion, and treprostinil subcutaneous or intravenous infusion.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

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The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Upravi (selexipag) [package insert]. Actelion Pharmaceuticals US, Inc. San Francisco, CA. 2/2015
2. Taichman DB, Ornelas J, Chung L et al. Pharmacologic therapy for pulmonary arterial hypertension in adults: CHEST guideline and expert panel report. [Chest](#). 2014 Aug;146(2):449-75.
3. McGoon, MD, Garvan KC. Pulmonary hypertension: diagnosis and management. *Mayo Clin Proc*. 2009 Feb; 84(2): 191–207.
4. Selexipag. In: DRUGDEX (online database). Truven Health Analytics; Greenwood Village, CO. Last updated 1 February 2019. Accessed on 20 February 2019.
5. Galiè N, Humbert M, Vachiery JL, et al. 2015 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J* 2016;37:67-119.