Reference number(s)
1645-A

SPECIALTY GUIDELINE MANAGEMENT

Uptravi (selexipag)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Uptravi is indicated for the treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH. Effectiveness of Uptravi tablets was established in a long-term study in PAH patients with WHO Functional Class II-III symptoms. Patients had idiopathic and heritable PAH, PAH associated with connective tissue disease, PAH associated with congenital heart disease with repaired shunts.

All other indications are considered experimental/investigational and not medically necessary.

II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a pulmonologist or cardiologist.

III. CRITERIA FOR INITIAL APPROVAL

Pulmonary Arterial Hypertension (PAH)
Authorization of 12 months may be granted for treatment of PAH when ALL of the following criteria are met:
A. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix)
B. PAH was confirmed by either criterion (1) or criterion (2) below:
    1. Pretreatment right heart catheterization with all of the following results:
        i. mPAP > 20 mmHg
        ii. PCWP ≤ 15 mmHg
        iii. PVR ≥ 3 Wood units
    2. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members with an indication listed in Section III who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

V. APPENDIX

WHO Classification of Pulmonary Hypertension

1 PAH
1.1 Idiopathic (PAH)
1.2 Heritable PAH
1.3 Drug- and toxin-induced PAH
1.4. PAH associated with:
- 1.4.1 Connective tissue diseases
- 1.4.2 HIV infection
- 1.4.3 Portal hypertension
- 1.4.4 Congenital heart diseases
- 1.4.5 Schistosomiasis

1.5 PAH long-term responders to calcium channel blockers
1.6 PAH with overt features of venous/capillaries (PVOD/PCH) involvement
1.7 Persistent PH of the newborn syndrome

2 PH due to left heart disease
2.1 PH due to heart failure with preserved LVEF
2.2 PH due to heart failure with reduced LVEF
2.3 Valvular heart disease
2.4 Congenital/acquired cardiovascular conditions leading to post-capillary PH

3 PH due to lung diseases and/or hypoxia
3.1 Obstructive lung disease
3.2 Restrictive lung disease
3.3 Other lung disease with mixed restrictive/obstructive pattern
3.4 Hypoxia without lung disease
3.5 Developmental lung disorders

4 PH due to pulmonary artery obstruction
4.1 Chronic thromboembolic PH
4.2 Other pulmonary artery obstructions
- 4.2.1 Sarcoma (high or intermediate grade) or angiosarcoma
- 4.2.2 Other malignant tumors
  - Renal carcinoma
  - Uterine carcinoma
  - Germ cell tumours of the testis
  - Other tumours
- 4.2.3 Non-malignant tumours
  - Uterine leiomyoma
- 4.2.4 Arteritis without connective tissue disease
- 4.2.5 Congenital pulmonary artery stenosis
- 4.2.6 Parasites
  - Hydatidosis

5 PH with unclear and/or multifactorial mechanisms
5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders
5.2 Systemic and metabolic disorders: Pulmonary Langerhans cell histiocytosis, Gaucher disease, glycogen storage disease, neurofibromatosis, sarcoidosis
5.3 Others: chronic renal failure with or without hemodialysis, fibrosing mediastinitis
5.4 Complex congenital heart disease

VI. REFERENCES

1. Uptravi [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; October 2021.
2. Sitbon O, Channick R, Chin K, et al. Selexipag for the treatment of pulmonary arterial hypertension. *N Engl J Med*. 2015;373:2522-33.

3. Simonneau G, Robbins IM, Beghetti M, et al. Updated clinical classification of pulmonary hypertension. *J Am Coll Cardiol.* 2013;62:D34-S41.
4. Rubin LJ; American College of Chest Physicians. Diagnosis and management of pulmonary arterial hypertension: ACCP evidence-based clinical practice guidelines. *Chest*. 2004;126(1 Suppl):7S-10S.
5. McLaughlin V, et al. ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension. *J Am Coll Cardiol*. 2009;53:1573-1619.
6. Klinger, JR., Elliott, CG, Levine, DJ, et al. Therapy for Pulmonary Arterial Hypertension in Adults: Update of the CHEST Guidelines and Expert Panel Report. *Chest*. 2019:155(3): 565-586.
7. Galie, N., McLaughlin, VV, Rubin, LJ, Simonneau, G. An overview of the 6th World Symposium on Pulmonary Hypertension. Eur Respir J 2019; 53: 1802148; DOI: 10.1183/13993003.02148-2018. Published 24 January 2019.
8. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J* 2019;53:1801913; doi:10.1183/13993003.01913-2018.