ConnectiCare

Commercial/Healthcare Exchange PA Criteria
Effective: 5/11/2018

Prior Authorization: Uptravi (selexipag)

Products Affected: Uptravi (selexipag) oral tablets

Medication Description:

Selexipag is an oral prostacyclin receptor (IP) agonist, structurally distinct from prostacyclin. Both selexipag and the active metabolite, which is 37-fold more potent than selexipag, are selective at the IP receptor compared with other prostanoid receptors such as EP (1-4), DP, FP, and TP.

Covered Uses: Treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH.

Exclusion Criteria:

1. Concomitant use of strong inhibitors of CYP2C8 (e.g., gemfibrozil)

Required Medical Information:

1. Diagnosis
2. World Health Organization (WHO) functional class
3. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a pulmonologist or a cardiologist

Coverage Duration: 12 months

Other Criteria:

Pulmonary Arterial Hypertension

A. Patient has clinically diagnosed primary or secondary PAH (defined as a mean pulmonary arterial pressure >25mm Hg at rest or >30mm Hg during exercise, with a normal pulmonary capillary wedge pressure); **AND**
B. Patient has tried and failed, or has a contraindication or intolerance to a calcium channel blocker after favorable response to acute vasoreactivity testing; **OR**
C. Patient has failed to have a pulmonary vasodilator response to an acute challenge of a short acting vasodilator; **AND**
D. Patient has tried and failed or has a contraindication or intolerance to Tracleer (bosentan).

References:

1. Product Information: UPTRAVI(R) oral tablets, selexipag oral tablets. Actelion Pharmaceuticals US Inc (per FDA), South San Francisco, CA, 2019.
2. Selexipag. IBM Micromedex® [database online]. Greenwood Village, CO. Truven Health Analytics. Available at: https://www.micromedexsolutions.com. Updated April 13, 2020. Accessed June 18, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/11/2018
2	Annual Review	No Changes; CCI adopted EH policy and template	All	01/14/2020
3	Revision	Removed other criteria: Patient must not be using tobacco products. Coverage duration updated to 12 months	All	7/1/2020