

PRIOR AUTHORIZATION POLICY

POLICY: Pulmonary Arterial Hypertension – Uptravi Prior Authorization Policy

- Uptravi® (selexipag tablets – Actelion/Janssen)

Note: Uptravi injection is not included in this policy

REVIEW DATE: 10/11/2023

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.¹

Disease Overview

PAH is a serious but rare condition impacting fewer than 20,000 patients in the US.^{2,3} It is classified within Group 1 pulmonary hypertension among the five different groups that are recognized. In this progressive disorder the small arteries in the lungs become narrowed, restricted, or blocked causing the heart to work harder to pump blood, leading to activity impairment. Although the mean age of diagnosis is between 36 and 50 years, patients of any age may be affected, including pediatric patients. PAH is defined as a mean pulmonary artery pressure (mPAP) > 20 mmHg (at rest) with a pulmonary arterial wedge pressure (PAWP) ≤ 15 mmHg and a pulmonary vascular resistance > 2 Wood units measured by cardiac catheterization.⁵ The prognosis in PAH has been described as poor, with the median survival being approximately 3 years. However, primarily due to advances in pharmacological therapies, the long-term prognosis has improved.

Guidelines

Various guidelines address oral prostacyclin products.^{3,4} The CHEST guideline and Expert Panel Report regarding therapy for pulmonary arterial hypertension (2019) in adults details many medications.³ It was cited that many agents with varying mechanisms of action are used for the management of PAH. It was noted that the addition of an oral prostanoid product is recommended in patients with PAH who are in Functional Class III without evidence of rapid disease progression or a poor prognosis among those not willing or able to manage parenteral prostanoids. The European Society of Cardiology and the European Respiratory Society guidelines regarding the treatment of pulmonary hypertension (2022) also recognize Uptravi as having a role in therapy, mainly as an agent to be added onto other PAH therapies.⁴

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Uptravi (tablets). All approvals are provided for the duration noted below. 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, approval requires Uptravi to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required for initiation of therapy where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes and catheterization laboratory reports. For a patient case in which the documentation requirement of the right heart catheterization upon Prior Authorization coverage review for a different medication indicated for WHO Group 1 PAH has been previously provided, the documentation requirement in this *Pulmonary Arterial Hypertension – Uptravi Prior Authorization Policy* is considered to be met.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indication

1. Pulmonary Arterial Hypertension (PAH) [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 (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 (a and b):

a) Patient has had a right heart catheterization [**documentation required**] (see documentation section above); AND

b) Results for the right heart catheterization confirm the diagnosis of WHO Group 1 PAH; AND

iii. Patient meets ONE the of following (a or b):

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 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.

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 (i, ii, and iii):

i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND

ii. Patient meets the following (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.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

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

- 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 (Remodulin, generic).
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Upravi® tablets [prescribing information]. South San Francisco, CA: Actelion/Janssen; July 2022.
2. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
3. 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.
4. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022 Aug 26. [Online ahead of print].
5. Maron B. Revised definition of pulmonary hypertension and approach to management: a clinical primer. *J Am Heart Assoc*. 2023 April 7. [epub ahead of print].