Uptravi® (selexipag)
(Intravenous)

Document Number:

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I. **Additional Information:** Prescribed by (or in consultation with) Cardiologist or pulmonologist specialists with prior authorization

II. **Length of Authorization**

Coverage will be provided for 3 months and is eligible for renewal.

III. **Initial Approval Criteria**

Coverage is provided in the following conditions:

- Member must be stable on Oral medication and
  - Member must be NPO: AND
  - The patient has a diagnosis of PAH; AND
  - The patient has had a right heart catheterization to

confirm the diagnosis of PAH; AND

  - The patient meets ONE of the following;
    - The 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 (e.g. Revatio, Adcirca, Alyq, sildenafil), one endothelin receptor antagonist (ERA) (e.g. Tracleer, Letairis, Opsumit), or Adempas (riociguat); OR
    - The patient is receiving or has received in the past, one prostacyclin therapy for PAH (e.g. Orenitram, Tyvaso, Ventavis, Remodulin, or epoprostenol injection [Flolan, Veletri, generics])

IV. Renewal Criteria (approval for 3 months)

Coverage can be renewed based on the following criteria:

- Coverage cannot be renewed if member is still NPO, AND.
  - 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, AND
  - The patient has a diagnosis of PAH (WHO Group 1).

V. Comments

- Documentation is expected to be maintained in the member's medical record and to be available to the plan. Every page of the record is expected to be legible and include both the appropriate member identification information (e.g., complete name dates of service(s)), and information identifying the physician or non-physician practitioner responsible for and providing the care of the member. The member's medical record must contain documentation that fully supports the medical necessity for services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.
- The medical record must include the following information:
  - A physician's order
  - The name of the drug or biological administered
  - The route of administration
  - The dosage (e.g., mgs, mcgs, cc's or IU's)
- When a portion of the drug biological is discarded, the medical record must clearly document the amount administered and the amount wasted or discarded.
- Codes and descriptors listed in this document are provided for informational purposes only and may not be all inclusive or current. Listing of a code in this drug policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with the plan. Inclusion of a code in the table does not imply any right to reimbursement or guarantee claim payment. Other drug or medical policies may also apply.

VI. Billing Code/Availability Information

Medication Name		How Supplied	National Drug Code (NDC)	HCPCS code
Brand	Generic			
UPTRAVI	selexipag	1800mcg/10 ml vial	66215-718-01	J3490

VII. References

1. Uptravi® tablets [prescribing information]. South San Francisco, CA: Actelion Pharmaceuticals; September 2019.
2. McLaughlin VV, Archer SL, Badesch DB, et al; Writing committee members. 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: Developed in collaboration with the American College of Chest Physicians, American Thoracic Society, Inc., and the Pulmonary Hypertension Association. Circulation. 2009;119:2250-2294.
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

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC