## ALASKA MEDICAID Prior Authorization Criteria

# Uptravi<sup>™</sup> (sekexipag)

### FDA INDICATIONS AND USAGE<sup>1</sup>

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

# APPROVAL CRITERIA<sup>1,2,3</sup>

- 1. Patient's age is  $\geq$  18 years of age; **AND**
- 2. Prescribed by or in consultation with a cardiologist or pulmonologist; **AND**
- 3. The diagnosis of pulmonary arterial hypertension (PAH, WHO Group 1) as confirmed by right heart catheterization; **AND**
- 4. Trial and failure, contraindication, or intolerance to oral therapies for PAH from at least 2 different categories, each for at least 60 days
  - a. phosphodiesterase-5 enzyme inhibitor
  - b. endothelin receptor antagonist (if not pregnant)
  - c. guanylate cyclase stimulator; AND
- 5. Patient is not currently taking and will not be taking together with a prostanoid/prostacyclin analogue

#### DENIAL CRITERIA<sup>1</sup>

- 1. Failure to meet approval criteria; **OR**
- 2. Concomitant use with strong CYP2C8 inhibitors (e.g. gemfibrozil) contraindicated without provider attestation that the risks of treatment are outweighed by the benefits

#### **CAUTIONS**<sup>1</sup>

• Monitor for pulmonary edema in patients with PVOD (pulmonary veno-occlusive disease)

# **DURATION OF APPROVAL**

- Initial Approval: 6 months
  - Reauthorization 12 months with chart notes indicating the patient has shown positive clinical response to Uptravi<sup>TM</sup> treatment

Uptravi<sup>TM</sup> Criteria Version: 1

Original: 12/19/2022 Approval: 01/20/2023 Effective: 03/01/2023

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# **OUANTITY LIMIT**<sup>1</sup>

#60 tablets max per 30 days up to 3200 mcg/day oral <u>OR</u> #60 vials max per 30 days up to 3600 mcg/day IV: HCPCS J3490

#### **REFERENCES / FOOTNOTES:**

- 1. Uptravi<sup>TM</sup> [prescribing information]. Actelion Pharmaceuticals US, Inc. South San Francisco, CA.
- 2. Sitbon O, Channick R, et al; Selexipag for the Treatment of Pulmonary Arterial Hypertension. N Engl J Med 2015; 373:2522-2533
- 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. Hopkins, W., and Rubin, L. (2022). Treatment of pulmonary arterial hypertension (group 1) in adults: Pulmonary hypertension-specific therapy. In J. Mandel(Ed.), *UpToDate*. Retrieved Dec 20, 2022 from <a href="https://www.uptodate.com/contents/treatment-of-pulmonary-arterial-hypertension-group-1-in-adults-pulmonary-hypertension-specific-therapy#!">https://www.uptodate.com/contents/treatment-of-pulmonary-arterial-hypertension-group-1-in-adults-pulmonary-hypertension-specific-therapy#!</a>

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