VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Pulmonary Arterial Hypertension – Uptravi Prior Authorization Policy
- Uptravi® (selexipag tablets – Actelion)

REVIEW DATE: 09/23/2020

OVERVIEW

Uptravi, a prostacycline 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 approximately fewer than 20,000 patients in the US. 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.[2,3] In time, right-sided heart failure and/or death may occur. Common PAH symptoms include shortness of breath, fatigue, chest pain, dizziness and fainting, along with impairment in activity tolerance. It is more prevalent in women. Patients of all ages may develop the disease; however, the mean age of diagnosis typically happens between 36 to 50 years. Children may also have PAH. The condition may occur due to various underlying medical conditions or as a disease that uniquely impacts the pulmonary circulation; both genetic and environmental factors may be involved. PAH is defined as a mean pulmonary artery pressure (mPAP) $\geq$ 25 mmHg with a pulmonary capillary wedge pressure (PCWP) $\leq$ 15 mmHg measured by cardiac catheterization. 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. Lung transplantation may be recommended if pharmacological or medical therapies fail, based upon patient status. The WHO categorizes PAH into stages, which is also referred to as the functional class (Class I to IV) and is an adaptation of the New York Heart Association (NYHA) system to evaluate activity tolerance.

Guidelines/Recommendations

In 2019, an updated CHEST guideline and Expert Panel Report regarding therapy for pulmonary arterial hypertension in adults was released.[3] Many other agents other than Uptravi are recommended as initial and subsequent therapy such as endothelin receptor antagonists (Letairis® [ambrisentan tablets], Tracleer® [bosentan tablets], Opsumit® [macitentan tablets], phosphodiesterase type 5 [PDE 5] inhibitors [tadalafil, sildenafil), and Adempas® (riociguat tablets). 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.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Uptravi. 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: In the *Pulmonary Arterial Hypertension – Uptravi Prior Authorization Policy*, 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 3 years if the patient meets the following criteria (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 criteria (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 conditions (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 PDE5 inhibitors include Revatio® (sildenafil tablets and suspension [generic]), Adcirca® (tadalafil tablets [generic]) and Alyq™ (tadalafil tablets) and examples of ERAs include Tracleer® (bosentan tablets), Letairis® (ambrisentan tablets [generic]), and Opsumit® (macitentan tablets).
       - **b)** Patient is currently receiving, or has a history of receiving, one prostacyclin therapy for PAH; AND
         Note: Examples of prostacyclin therapies for PAH include Orenitram® (treprostinil tablets), Tyvaso® (treprostinil inhalation solution), Ventavis® (iloprost inhalation solution), Remodulin® (treprostinil injection [generics]), and epoprostenol injection [Flolan, Veletri, generics]); AND
     - **iv.** The medication is prescribed by, or in consultation with, a cardiologist or a pulmonologist.
   - **B)** Patients Currently Receiving Uptravi. Approve for 3 years if the patient meets all of the following criteria (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 criteria (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 Uptravi is recommended in those who meet the following criteria:

1. 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. 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.