

Clinical Policy Title:	selexipag
Policy Number:	RxA.290
Drug(s) Applied:	Uptravi®
Original Policy Date:	02/07/2020
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Pulmonary Arterial Hypertension (must meet all):

1. Diagnosis of PAH;
2. Trial and failure of a calcium channel blocker, unless member meets one of the following (a or b):
 - a. Inadequate response or contraindication to acute vasodilator testing;
 - b. Contraindication or clinically significant adverse effects to calcium channel blockers are experienced.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Pulmonary Arterial Hypertension (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Taichman D, Ornelas J, Chung L, et. al. CHEST guideline and expert panel report: Pharmacologic therapy for pulmonary arterial hypertension in adults. Chest. 2014; 146 (2): 449-475. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4137591/>. Accessed August 28, 2024.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy title table was updated. 2. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance...". 3. Approval duration was updated to include months in initial approval as well as in clinical therapy criteria.	07/23/2020	09/14/2020

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ul style="list-style-type: none"> 4. QD was updated with once daily in document. 5. All brand drugs were updated to have “®” for consistency. 6. References were updated. 		
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Initial approval criteria I.A.3 was added to consider patient age. 2. Initial approval criteria I.A.4a was updated to change term “vasodilator” to “vasoreactivity” for accuracy. 3. Continued therapy criteria II.A.1 was rephrased to “Member is currently receiving medication...”. 4. References were updated. 	04/02/2021	06/10/2021
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated. 	01/27/2022	04/18/2022
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. References were reviewed and updated. 	01/09/2023	04/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated. 	8/28/2024	9/13/2024
<p>Policy was reviewed.</p>	12/05/2024	N/A
<p>Policy was reviewed.</p>	12/11/2025	12/11/2025