

## **UPTRAVI TABLETS (selexipag)**

\*Uptravi IV is for hospital use only and this policy does not apply

### **Pre - PA Allowance**

None

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### **Prior-Approval Requirements**

**Age** 18 years of age or older

#### **Diagnosis**

Patient must have the following:

Pulmonary Arterial Hypertension – **WHO Group I**

**AND ALL** of the following:

1. NYHA functional classification of physical activity - **Class II-III**
2. Prescriber agrees to monitor patient for signs and symptoms of pulmonary edema and discontinue if confirmed
3. Inadequate treatment response, intolerance, or contraindication to endothelin receptor antagonist (ERA) or phosphodiesterase type 5 inhibitor (PDE-5I)
4. Prescribed by or recommended by a cardiologist or pulmonologist

**AND NONE** of the following:

1. Severe hepatic impairment (Child-Pugh Class C )

### **Prior - Approval Limits**

#### **Quantity**

<b>Initiation / Titration</b>	Uptravi 200-800mcg dosepack Uptravi 200mcg tablet
<b>Maintenance Therapy</b>	180 tablets per 90 days <b>Maximum daily dose of 3200mcg</b>

**Duration** 2 years

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### **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

## **UPTRAVI TABLETS (selexipag)**

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### **Diagnosis**

Patient must have the following:

Pulmonary Arterial Hypertension – **WHO Group I**

**AND ALL** of the following:

1. Symptoms have improved or stabilized
2. Prescriber agrees to monitor patient for signs and symptoms of pulmonary edema and discontinue if confirmed

**AND NONE** of the following:

1. Severe hepatic impairment (Child-Pugh Class C)

### **Prior – Approval *Renewal* Limits**

Same as above