

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Selexipag (Uptravi)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria, and criteria for current Kaiser Permanente members and for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary selexipag (Uptravi) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a cardiologist or a pulmonologist.
- Patient has diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH)
- Patient has NYHA-WHO Functional Class II, III, or IV symptoms
- Patient has tried or is currently receiving at least two oral medications for PAH from the three following categories for at least 60 days:
 - i. A phosphodiesterase type 5 (PDE5) inhibitor (e.g., sildenafil, tadalafil)
 - ii. An endothelin receptor antagonist (ERA) (e.g., bosentan, ambrisentan, macitentan)
 - iii. Riociguat
- Patient is not planned to concurrently use selexipag with a prostacyclin therapy (treprostinil, iloprost, or epoprostenol)