

| PHARMACY POLICY STATEMENT Marketplace | | | | |
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| DRUG NAME | Injectable Prostacyclins for Pulmonary Arterial Hypertension: Flolan/Veletri (epoprostenol), Remodulin (treprostinil), Uptravi (selexipag) | | | |
| BENEFIT TYPE | Pharmacy | | | |
| STATUS | Prior Authorization Required | | | |

Pulmonary Arterial Hypertension (PAH) is a rare but serious condition characterized by elevated pulmonary arterial resistance. Flolan/Veletri, Remodulin and Uptravi are approved for the treatment of PAH World Health Organization (WHO) Group 1. Flolan/Veletri is indicated to improve exercise capacity in adults with PAH. Remodulin is indicated to improve exercise capacity as well as reduce the rate of deterioration in patients who require transition from epoprostenol. Uptravi is approved to delay disease progression and reduce the risk of hospitalization for PAH.

Injectable Prostacyclins will be considered for coverage when the following criteria are met:

Pulmonary Arterial Hypertension [WHO Group 1]

For **initial** authorization:

- 1. Member is at least 18 years of age or older; AND
- 2. Medication must be prescribed by or in consultation with a cardiologist or pulmonologist; AND
- 3. Member must have a diagnosis of WHO Group 1 PAH confirmed by right heart catheterization; AND
- 4. Member must have documentation of **one** of the following:
 - a) Patient had an acute response to vasodilator testing AND has tried a calcium channel blocker (CCB) for at least 3 months;
 - b) Patient did not have a response to vasodilator testing;
 - c) Patient cannot undergo vasodilator testing;
 - d) Patient cannot take CCB therapy; AND
- 5. Member has tried and failed **one** of the following oral medications: phosphodiesterase type 5 inhibitor (ie. Sildenafil, Tadalafil), endothelin receptor antagonist (ie. Ambrisentan, Bosentan, Macitentan), or Soluble Guanylate Cyclase Stimulator (ie. Adempas); OR
- 6. Member has WHO functional class III symptoms with rapid progression of disease (see appendix); OR
- 7. Member has WHO functional class IV symptoms (see appendix); AND
- 8. Uptravi IV only: A clinical reason why the member cannot take Uptravi tablets; AND