

## PHARMACY POLICY STATEMENT

### Marketplace

<b>DRUG NAME</b>	<b>Injectable Prostacyclins for Pulmonary Arterial Hypertension: Flolan/Veletri (epoprostenol), Remodulin (treprostinil), Uptravi (selexipag)</b>
<b>BILLING CODE</b>	Must use valid NDC code
<b>BENEFIT TYPE</b>	Pharmacy
<b>SITE OF SERVICE ALLOWED</b>	Home
<b>STATUS</b>	Prior Authorization Required

Pulmonary Arterial Hypertension is a rare but serious condition characterized by elevated pulmonary arterial resistance. Flolan/Veletri, Remodulin and Uptravi are approved for the treatment of pulmonary arterial hypertension (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 eighteen years of age or older;
2. Medication must be prescribed by or in consultation with a cardiologist or pulmonologist; AND
3. Member must have a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH) confirmed by right heart catheterization; AND
4. Member has tried and failed one oral medication from one of the following three categories: phosphodiesterase type 5 inhibitor (ie. Sildenafil, Tadalafil), endothelin receptor antagonist (ie. Ambrisentan, Bosentan, Macitentan), or Soluble Guanylate Cyclase Stimulator (ie. Adempas) OR WHO functional class IV symptoms (see appendix);
5. Member must have documentation pulmonary arterial pressures are not adequately controlled, confirmed by **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; OR
  - b) Patient did not have a response to vasodilator testing; OR
  - c) Patient cannot undergo vasodilator testing; OR
  - d) Patient cannot take CCB therapy
6. Uptravi IV only: A clinical reason why the member cannot take Uptravi tablets;
7. Remodulin IV only: A clinical reason why the member cannot take Remodulin subcutaneous infusion;
8. **Dosage allowed/Quantity limit:**
  - Flolan/Veletri: Initiate at 2 ng/kg/min. Increase infusion by 1- to 2-ng/kg/min increments every 15 minutes
  - Remodulin: Initiate 1.25 ng/kg/min per week for the first 4 weeks of treatment, then 2.5 ng/kg/min per week for the remaining duration of the infusion

**Uptravi:** Injection dose is determined by the patient's current dose of Uptravi tablets; Administer by intravenous infusion twice daily; Refer to below table:

Oral dose	Equivalent IV dose
200 mcg twice daily	225 mcg twice daily
400 mcg twice daily	450 mcg twice daily
600 mcg twice daily	675 mcg twice daily
800 mcg twice daily	900 mcg twice daily
1,000 mcg twice daily	1,125 mcg twice daily
1,200 mcg twice daily	1,350 mcg twice daily
1,400 mcg twice daily	1,575 mcg twice daily
1,600 mcg twice daily	1,800 mcg twice daily

***If all the above requirements are met, the medication will be approved for 6 months.***

**For reauthorization:**

Injectable Prostacyclins will be reauthorized when chart notes show at least one of the following:

1. Member has documentation of improvement in signs and symptoms of disease as evidenced by at least one of the following:
  - a) Stabilization or improvement in functional class symptoms or quality of life
  - b) Stabilization or improvement in 6MWD [6-minute walk distance]

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Injectable Prostacyclins not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
06/15/2011	Pulmonary Arterial Hypertension policy creation.
05/13/2014	Combined all PAH agents into one policy
07/09/2015	Revised guidelines for therapy aligning with CMS
08/18/2015	Revised guidelines to include diagnosis criteria
10/13/2021	Separated PAH agents by drug class; Updated guidelines; Added provider specialty

**References:**

1. Uptravi [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; October 2021
2. Flolan [package insert]. Research Triangle Park, NC: GlaxoSmithKline; August 2021
3. Veletri [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; December 2018
4. Remodulin [package insert]. Research Triangle Park, NC: United Therapeutics Corporation; February 2021
5. Coons, J.C., Pogue, K., Kolodziej, A.R. et al. Pulmonary Arterial Hypertension: a Pharmacotherapeutic Update. Curr Cardiol Rep. 2019; 21(141)

6. Klinger JR, Elliott CG et al. Therapy for Pulmonary Arterial Hypertension in Adults; Chest Journal. March 2019; 155(3): 565-586
7. Galie N, Humbert M, Vachiery JL, Gibbs S, Lang I, Torbicki A, et al. 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: The Joint Task Force for the Diagnosis and Treatment of Pulmonary Hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS): Endorsed by: Association for European Paediatric and Congenital Cardiology (AEPC), International Society for Heart and Lung Transplantation (ISHLT). European heart journal. 2016;37(1):67–119

Effective date: 04/01/2022

Creation date: 10/13/2021

## Appendix:

New York Heart Association Functional Classification	
<b>Class 1</b>	Cardiac Disease, but no symptoms and no limitation in ordinary physical activity, e.g. shortness of breath when walking, climbing stairs, etc.
<b>Class 2</b>	Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
<b>Class 3</b>	Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20-100 m). Comfortable only at rest.
<b>Class 4</b>	Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

World Health Organization Functional Assessment Classification	
<b>Class I</b>	Patients with PAH but without resulting limitation of physical activity. Ordinary physical activity does not cause undue dyspnea or fatigue, chest pain or near syncope.
<b>Class II</b>	Patients with PAH resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnea or fatigue, chest pain, or near syncope.
<b>Class III</b>	Patients with PAH resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes undue dyspnea or fatigue, chest pain, or near syncope.
<b>Class IV</b>	Patients with PAH with inability to carry out any physical activity without symptoms. These patients manifest signs of right-heart failure. Dyspnea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.