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PHARMACY POLICY STATEMENT
HAP CareSource™ Marketplace

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. riociguat); 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
9. Remodulin IV only**:** A clinical reason why the member cannot take Remodulin subcutaneous infusion.
10. **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.

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Remodulin: Initiate at 1.25 ng/kg/min. Increase infusion by 1.25 ng/kg/min per week for the first 4 weeks of treatment then 2.5 ng/kg/min per week.
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**:
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; OR
   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.

HAP 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
05/04/2023	Updated guidelines; updated trials to exclude WHO FC III with rapid progression and IV.
04/30/2024	Updated references; removed PAH diagnosis from appendix

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Appendix:

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

New York Heart Association Functional Classification	
Class 1	Cardiac Disease, but no symptoms and no limitation in ordinary physical activity, e.g. shortness of breath when walking, climbing stairs, etc.
Class 2	Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class 3	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.
Class 4	Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

References:

1. Uptravi [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; 2022.
2. Flolan [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2023.
3. Veletri [package insert]. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; 2022.
4. Remodulin [package insert]. Research Triangle Park, NC: United Therapeutics Corporation; 2023.
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, Levine DJ, et al. Therapy for Pulmonary Arterial Hypertension in Adults: Update of the CHEST Guideline and Expert Panel Report [published correction appears in Chest. 2021 Jan;159(1):457]. *Chest.* 2019;155(3):565-586. doi:10.1016/j.chest.2018.11.030
7. Humbert M, Kovacs G, Hoeper MM, et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Respir J.* 2023;61(1):2200879. Published 2023 Jan 6. doi:10.1183/13993003.00879-2022

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