selexipag (Uptravi) intravenous

Commercial Medical Benefit Drug Policy

Place of Service

Home Infusion Administration
Hospital Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: RESPIRATORY TRACT/PULMONARY AGENTS
Mechanism of Action: Inhibition prostacyclin receptor agonist
HCPCS:
C9399:Unclassified drugs or biologicals
J3490:Unclassified drugs
How Supplied:
1800 mcg of selexipag as a lyophilized powder in a single-dose vial

Condition(s) listed in policy *(see coverage criteria for details)*

- Pulmonary Arterial Hypertension WHO Group I

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Pulmonary Arterial Hypertension WHO Group I
Meets medical necessity if all the following are met:

1. Member is receiving oral selexipaq (Uptravi)
2. Member is temporarily unable to take oral medication due to a documented medical reason

Covered Doses:
Uptravi as an intravenous injection is given twice-daily at a dose that corresponds to the patient's current dose of Uptravi tablets.

Uptravi tablets dose (mcg) for twice-daily dosing	Corresponding IV Uptravi dose (mcg) for twice-daily dosing
200	225
400	450
600	675
800	900
1000	1125
1200	1350
1400	1575
1600	1800

Coverage Period:
Dependent on patient's specific situation

ICD-10:
I27.0, I27.21

References

1. AHFS. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Gatzoulis A, Krowka M, Williams PG, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension European Respiratory Journal 2019, 53 (1) 1-13.
4. Humbert M, Kovacs G, Hoeper M, et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: Developed by the 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 the International Society for Heart and Lung Transplantation (ISHLT) and the European Reference Network on rare respiratory distress (ERN-LUNG). European Heart Journal, 2022; 43 (38): 3618-3731. https://doi.org/10.1093/eurheartj/ehac237
5. Uptravi (selexipag) oral and intravenous [prescribing information]. Titusville, NJ: Actelion Pharmaceuticals US Inc; July 2022.

Review History

Date of Last Annual Review: 3Q2025
Changes from previous policy version:

- No clinical changes following annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee