

selexipag (Uptravi) intravenous**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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

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 selexipag (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*