



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Uptravi™ (selexipag)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have diagnosis of pulmonary arterial hypertension (PAH)
- Member is required to have been seen by or has had a consultation with an appropriate specialist for pulmonary arterial hypertension (i.e., cardiologist, pulmonologist, primary care center at a large hospital, etc.)