



UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Pulmonary Arterial Hypertension – Epoprostenol Products Utilization Management Medical Policy

- Flolan® (epoprostenol intravenous infusion – GlaxoSmithKline, generic)
- Veletri® (epoprostenol intravenous infusion – Actelion)

REVIEW DATE: 10/06/2021; selected revision 11/03/2021

OVERVIEW

Epoprostenol intravenous infusion, a prostacyclin vasodilator, is indicated for the treatment of pulmonary arterial hypertension (PAH) [World Health Organization {WHO} Group 1] to improve exercise capacity.¹⁻³

Epoprostenol intravenous infusion has been used with varying results in patients with chronic thromboembolic pulmonary hypertension (CTEPH).^{4,6} It is sometimes used as a bridge prior to surgery. Limited options are available for patients with CTEPH.

Disease Overview

PAH is a serious but rare condition impacting fewer than 20,000 patients in the US. It is classified within Group 1 pulmonary hypertension among the five different groups that are recognized. In this progressive disorder the small arteries in the lungs become narrowed, restricted, or blocked causing the heart to work harder to pump blood, leading to activity impairment.^{7,8} In time, right-sided heart failure and/or death may occur. Common PAH symptoms include shortness of breath, fatigue, chest pain, dizziness and fainting, along with impairment in activity tolerance. It is more prevalent in women. Patients of all ages may develop the disease; however, the mean age of diagnosis typically happens between 36 to 50 years. Children may also have PAH. The condition may occur due to various underlying medical conditions or as a disease that uniquely impacts the pulmonary circulation; both genetic and environmental factors may be involved. PAH is defined as a mean pulmonary artery pressure ≥ 25 mmHg with a pulmonary capillary wedge pressure ≤ 15 mmHg measured by cardiac catheterization. The prognosis in PAH has been described as poor, with the median survival being approximately 3 years. However, primarily due to advances in pharmacological therapies, the long-term prognosis has improved. Lung transplantation may be recommended if pharmacological or medical therapies fail, based upon patient status. The WHO categorizes PAH into stages, which is also referred to as the functional class (Class I to IV) and is an adaptation of the New York Heart Association system to evaluate activity tolerance.

CTEPH is a persistent obstruction of pulmonary arteries and is often a complication of pulmonary embolism.^{9,10} It is classified within Group 4 pulmonary hypertension. Symptoms include progressive dyspnea on exertion, as well as fatigue, syncope, hemoptysis, and signs of right heart failure. Pulmonary endarterectomy is the treatment of choice for most patients with CTEPH. However, around 40% of patients are deemed inoperable for various reasons. Medication therapy may also be recommended. Anticoagulant therapy is also given.

Guidelines

In 2019, an updated CHEST guideline and Expert Panel Report regarding therapy for PAH in adults was released.⁸ Evidence for use of the many medications available is also detailed. In the absence of contraindications, patients with PAH should undergo acute vasoreactivity testing utilizing a short-acting agent (e.g., calcium channel blockers). For patients in Functional Class II, oral therapies are recommended such as endothelin receptor antagonists (Letairis® [ambrisentan tablets], Tracleer® [bosentan tablets],

Opsumit® [macitentan tablets]), phosphodiesterase type 5 inhibitors (tadalafil, sildenafil), and Adempas® (riociguat tablets). It is suggest that parenteral or inhaled prostanoids not be chosen as initial therapy for treatment naïve-patients with PAH with WHO Functional Class II symptoms or as second-line agents for patients with PAH with WHO Functional Class II who have not met their treatment goals. Parenteral prostanoids are recommended for patients with PAH in Functional Class III and IV.

Safety

Epoprostenol should not be abruptly discontinued or have the dose rapidly decreased as rebound pulmonary hypertension may occur.¹⁻³

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of epoprostenol. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 1 year in duration unless otherwise noted below. Specifically, approvals will remain up to 14 days for patients currently receiving the agent for the indication of PAH (WHO Group 1) with inadequate information or if the criteria are not met. These cases are reviewed by a nurse or pharmacist. Because of the specialized skills required for evaluation and diagnosis of patients treated with epoprostenol injection as well as the monitoring required for adverse events and long-term efficacy, approval requires epoprostenol injection to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: In the *Pulmonary Arterial Hypertension – Epoprostenol Utilization Management Medical Policy*, documentation is required for initiation of therapy where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes and catheterization laboratory reports. For a patient case in which the documentation requirement of the right heart catheterization upon prior authorization coverage review for a different medication indicated for WHO Group 1 PAH has been previously provided, the documentation requirement in this *Pulmonary Arterial Hypertension – Epoprostenol Utilization Management Medical Policy* is considered to be met.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of epoprostenol injection is recommended in those who meet one of the following criteria:

FDA-Approved Indication

1. Pulmonary Arterial Hypertension (PAH) [World Health Organization {WHO} Group 1].

Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 1 year if the patient meets ALL of the following criteria (i, ii, iii, iv, and v):
- i. Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
 - ii. Patient meets the following criteria (a and b):
 - a) Patient has had a right heart catheterization **[documentation required]** (see documentation section above); AND

- b) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH;
AND
 - iii. Patient meets ONE of the following criteria (a or b):
 - a) Patient is in Functional Class III or IV; OR
 - b) Patient is in Functional Class II and meets ONE of the following criteria [(1) or (2)]:
 - (1) Patient has tried or is currently receiving one oral agent for PAH; OR
Note: Examples of oral agents for PAH include Tracleer (bosentan tablets), Letairis (ambrisentan tablets [generic]), Opsumit (macitentan tablets), Adempas (riociguat tablets), Revatio (sildenafil tablets and suspension [generics]), Adcirca (tadalafil tablets [generic]), Alyq (tadalafil tablets), Orenitram (treprostinil extended-release tablets) and Uptravi (selexipag tablets).
 - (2) Patient has tried one inhaled or parenteral prostacyclin product for PAH; AND
Note: Examples of inhaled and parenteral prostacyclin products for PAH include Remodulin (treprostinil intravenous infusion [generics]), Ventavis (iloprost inhalation solution), and Tyvaso (treprostinil inhalation solution).
 - iv. Patient with idiopathic PAH must meet one of the following criteria (a, b, c, d, or e):
 - a) Patient meets both of the following criteria [(1) and (2)]:
 - (1) According to the prescriber, the patient has had an acute response to vasodilator testing that occurred during the right heart catheterization; AND
Note: An example of a response can be defined as a decrease in mean pulmonary artery pressure of at least 10 mm Hg to an absolute mean pulmonary artery pressure of less than 40 mm Hg without a decrease in cardiac output.
 - (2) Patient has tried one calcium channel blocker (CCB) therapy; OR
Note: Examples of CCBs include amlodipine and nifedipine extended-release tablets.
 - b) According to the prescriber, the patient did not have an acute response to vasodilator testing; OR
 - c) According the prescriber, the patient cannot undergo a vasodilator test; OR
 - d) Patient cannot take CCB therapy; OR
Note: Examples of reasons a patient cannot take CCB therapy include right heart failure or decreased cardiac output.
 - e) Patient has tried one CCB; AND
Note: Examples of CCBs include amlodipine and nifedipine extended-release tablets.
 - v. Medication is prescribed by or in consultation with a cardiologist or a pulmonologist; OR
- B) Patient Currently Receiving Epoprostenol.** Approve for the duration noted below if the patient meets one of the following criteria (i or ii):
- i. Approve for 1 year if the patient meets ALL of the following conditions (a, b, and c):
 - a) Patient has a diagnosis of World Health Organization (WHO) Group 1 pulmonary arterial hypertension (PAH); AND
 - b) Patient meets the following criteria [(1) and (2)]:
 - (1) Patient has had a right heart catheterization; AND
 - (2) Results of the right heart catheterization confirm the diagnosis of WHO Group 1 PAH;
AND
 - c) Medication is prescribed by or in consultation with a cardiologist or a pulmonologist; OR
 - ii. Approve a short-term supply of epoprostenol for up to 14 days if the patient does not meet the criteria in 1Bi above or if there is insufficient information available. All approvals are reviewed by a nurse or pharmacist.
Note: A 14-day supply should be sufficient to address coverage issues. However, multiple short-term approvals are allowed if a coverage determination cannot be made. Abrupt discontinuation of epoprostenol therapy may have severe adverse consequences.

Dosing. Approve up to 100 ng per kg per minute intravenously.

Other Uses with Supportive Evidence

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- 2. Chronic Thromboembolic Pulmonary Hypertension (CTEPH).** Approve for 1 year if the agent is prescribed by or in consultation with a pulmonologist or a cardiologist.

Dosing. Approve up to 45 ng per kg per minute intravenously.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of epoprostenol injection is not recommended in the following situations:

- 1. Chronic Obstructive Pulmonary Disease (COPD) in a Patient Without PAH (WHO Group 1).** COPD is classified as Group 3 Pulmonary Hypertension (pulmonary hypertension associated with lung diseases and/or hypoxia). Pulmonary hypertension may develop late in the course of COPD, but medications used for the treatment of PAH (WHO Group 1) are not recommended therapies.¹¹
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Flolan® intravenous infusion [prescribing information]: Research Triangle Park: NC; GlaxoSmithKline; August 2021.
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6. Cabrol S, Souza R, Jais X, et al. Intravenous epoprostenol in inoperable chronic thromboembolic pulmonary hypertension. *J Heart Lung Transplant.* 2007;26(4):357-362.
7. McLaughlin VV, Archer SL, Badesch DB, et al. ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension: A report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association Developed in Collaboration with the American College of Chest Physicians: American Thoracic Society; and the Pulmonary Hypertension Association. *J Am Coll Cardiol.* 2009;53:1573-1619.
8. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST guideline and Expert Panel Report. *CHEST.* 2019;155(3):565-586.
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11. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2021 report). © 2020 Global Initiative for Chronic Obstructive Lung Disease. Available at: https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf. Accessed on September 29, 2021.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	The word “Products” was added to the Policy name. For criteria regarding patients with idiopathic pulmonary arterial hypertension (PAH), the wording “According to the prescriber” was added for the criterion regarding that the patient has had an acute response to vasodilator testing that occurred during the right heart catheterization. Also, examples of a definition of response were moved from the criteria to a Note. Also, the wording “According to the prescriber” were added to the criterion stating that the patient did not have an acute response to vasodilator testing, as well as to the criterion that the patient cannot undergo a vasodilator test. For the criterion stating that the “Patient cannot take a calcium channel blocker therapy”, examples were moved from the criteria to a Note. Alyq (tadalafil tablets) was added as an example of oral agent used for PAH in the note for the criteria regarding PAH.	09/23/2020
Annual Revision	No criteria changes.	10/06/2021
Selected Revision	Pulmonary Arterial Hypertension World Health Organization Group 1: For patients currently receiving the medication, regarding approvals for a short-term supply for up to 14 days if the patient does not meet the criteria or if there is insufficient information available, it was changed that all approvals are reviewed by a nurse or pharmacist, rather than the cases being forwarded immediately to the medical director for review.	11/03/2021