

Prior Authorization DRUG Guidelines

VENTAVIS (iloprost)

Effective Date: 10/20/14

Date Developed: 10/14/14

Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

Description: VENTAVIS Inhalation Solution is a clear, colorless, sterile solution containing iloprost formulated for inhalation via the I-neb® AAD® (Adaptive Aerosol Delivery) System. Iloprost is a synthetic analog of prostacyclin PGI₂ which dilates systemic and pulmonary arterial vascular beds.

Authorization Criteria: Treatment of pulmonary arterial hypertension (WHO Group I) in patient with NYHA class III or IV symptoms to improve exercise tolerance, symptoms, and diminish clinical deterioration.

Unlabeled Use: WHO group III and IV pulmonary arterial hypertension

Note: Per VCHCP policy, unlabeled uses are not covered unless specific information is submitted. See VCHCP Policy on Coverage of Prescription Medication for Off-Label Use.

Dosing: 2.5-5.0 mcg 6-9 times a day while awake, no more than once every 2 hours

How Supplied: 1mL ampules 10,20mcg/mL

Contraindications/Warnings: Do not mix with other medications;

Major Adverse Reactions: Bronchospasm; cough; headache; paradoxical increase in pulmonary vascular resistance

Major Drug Interactions: Increased risk of bleeding in patients maintained on anticoagulants or platelet inhibitors

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