

## **Clinical Policy: Iloprost (Ventavis)**

Reference Number: MDN.CP.PHAR.193

Effective Date: 04.01.22

Last Review Date: 04.22

Line of Business: Meridian IL Medicaid

[Coding Implications](#)  
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### **Description**

Iloprost (Ventavis<sup>®</sup>) is a synthetic prostacyclin analog.

### **FDA Approved Indication(s)**

Ventavis is indicated for the treatment of pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1) to improve a composite endpoint consisting of exercise tolerance, symptoms (New York Heart Association [NYHA] Class), and lack of deterioration.

Studies establishing effectiveness included predominately patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (65%) or PAH associated with connective tissue diseases (23%).

### **Policy/Criteria**

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that Ventavis is **medically necessary** when the following criteria are met:

#### **I. Initial Approval Criteria**

##### **A. Pulmonary Arterial Hypertension (must meet all):**

1. Diagnosis of PAH;
2. Prescribed by or in consultation with a cardiologist or pulmonologist;
3. Failure of a calcium channel blocker (*see Appendix B*), unless member meets one of the following (a or b):
  - a. Inadequate response or contraindication to acute vasodilator testing;
  - b. Contraindication or clinically significant adverse effects to calcium channel blockers are experienced;
4. Failure of ONE of the following, used for  $\geq 3$  consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Flolan<sup>®</sup>, generic epoprostenol sodium;  
*\*Prior authorization may be required for Flolan, generic epoprostenol sodium*
5. Dose does not exceed 45 mcg per day.

**Approval duration: 6 months**

##### **B. Other diagnoses/indications**

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53 for Medicaid.

## II. Continued Therapy

### A. Pulmonary Arterial Hypertension (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 45 mcg per day.

**Approval duration: 12 months**

### B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.  
**Approval duration: Duration of request or 6 months (whichever is less);** or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53 for Medicaid.

## III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53 for Medicaid, or evidence of coverage documents.

## IV. Appendices/General Information

### Appendix A: Abbreviation/Acronym Key

FC: functional class	PAH: pulmonary arterial hypertension
FDA: Food and Drug Administration	PH: pulmonary hypertension
NYHA: New York Heart Association	WHO: World Health Organization

### Appendix B: Therapeutic Alternatives

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
nifedipine (Adalat <sup>®</sup> CC, Afeditab <sup>®</sup> CR, Procardia <sup>®</sup> , Procardia XL <sup>®</sup> )	60 mg PO QD; may increase to 120 to 240 mg/day	240 mg/day
diltiazem (Dilacor XR <sup>®</sup> , Dilt-XR <sup>®</sup> , Cardizem <sup>®</sup> CD, Cartia XT <sup>®</sup> , Tiazac <sup>®</sup> , Taztia XT <sup>®</sup> , Cardizem <sup>®</sup> LA, Matzim <sup>®</sup> LA)	720 to 960 mg PO QD	960 mg/day
amlodipine (Norvasc <sup>®</sup> )	20 to 30 mg PO QD	30 mg/day

*Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*  
None reported

*Appendix D: Pulmonary Hypertension: WHO Classification*

- Group 1: PAH (pulmonary arterial hypertension)
- Group 2: PH due to left heart disease
- Group 3: PH due to lung disease and/or hypoxemia
- Group 4: CTEPH (chronic thromboembolic pulmonary hypertension)
- Group 5: PH due to unclear multifactorial mechanisms

*Appendix E: Pulmonary Hypertension: WHO/NYHA Functional Classes (FC)*

Treatment Approach*	FC	Status at Rest	Tolerance of Physical Activity (PA)	PA Limitations	Heart Failure
Monitoring for progression of PH and treatment of co-existing conditions	I	Comfortable at rest	No limitation	Ordinary PA does not cause undue dyspnea or fatigue, chest pain, or near syncope.	
Advanced treatment of PH with PH-targeted therapy - see Appendix F**	II	Comfortable at rest	Slight limitation	Ordinary PA causes undue dyspnea or fatigue, chest pain, or near syncope.	
	III	Comfortable at rest	Marked limitation	Less than ordinary PA causes undue dyspnea or fatigue, chest pain, or near syncope.	
	IV	Dyspnea or fatigue may be present at rest	Inability to carry out any PA without symptoms	Discomfort is increased by any PA.	Signs of right heart failure

\*PH supportive measures may include diuretics, oxygen therapy, anticoagulation, digoxin, exercise, pneumococcal vaccination. \*\*Advanced treatment options also include calcium channel blockers.

Appendix F: Pulmonary Hypertension: Targeted Therapies

Mechanism of Action	Drug Class	Drug Subclass	Drug	Brand/Generic Formulations
Reduction of pulmonary arterial pressure through vasodilation	Prostacyclin* pathway agonist  <i>*Member of the prostanoid class of fatty acid derivatives.</i>	Prostacyclin	Epoprostenol	Veletri (IV) Flolan (IV) Flolan generic (IV)
		Synthetic prostacyclin analog	Treprostinil	Orenitram (oral tablet) Remodulin (IV) Tyvasco (inhalation)
			Iloprost	Ventavis (inhalation)
	Endothelin receptor antagonist (ETRA)	Non-prostanoid prostacyclin receptor (IP receptor) agonist	Selexipag	Uptravi (oral tablet)
		Selective receptor antagonist	Ambrisentan	Letairis (oral tablet)
			Nonselective dual action receptor antagonist	Bosentan
	Nitric oxide-cyclic guanosine monophosphate enhancer	Phosphodiesterase type 5 (PDE5) inhibitor		Sildenafil
			Tadalafil	Adcirca (oral tablet)
		Guanylate cyclase stimulant (sGC)	Riociguat	Adempas (oral tablet)

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
PAH	6 to 9 doses INH per day with at least 2 hours between doses; starting dose of 2.5 mcg, titrated to 5 mcg if well tolerated	45 mcg/day

VI. Product Availability

Ampules: 10 mcg/mL, 20 mcg/mL

VII. References

1. Ventavis Prescribing Information. South San Francisco, CA: Actelion Pharmaceuticals US, Inc.; December 2019. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/021779s019lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021779s019lbl.pdf). Accessed November 9, 2021.

2. 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, Inc., and the Pulmonary Hypertension Association. *J Am Coll Cardiol.* 2009; 53(17): 1573-1619.
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5. Kim NH, Delcroix M, Jenkins DP, et al. Chronic thromboembolic pulmonary hypertension. *J Am Coll Cardiol.* 2013; 62(25): Suppl D92-99.
6. Galiè N, Humbert M, Vachiery JL, et al. 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. *Kardiol Pol.* 2015;73(12):1127-206. doi: 10.5603/KP.2015.0242
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8. Sitbon O, Humbert M, Jais X, et al. Long-term response to calcium channel blockers in idiopathic pulmonary arterial hypertension. *Circulation.* 2005;111(23):3105;11.
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**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created, adapted from CP.PHAR.193	04.01.22	04.22

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

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**Note:**

**For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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