

# STANDARD MEDICARE PART B MANAGEMENT

## Flolan (epoprostenol for injection) Veletri (epoprostenol for injection) epoprostenol for injection (generic)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Epoprostenol/Flolan/Veletri is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise capacity. Studies establishing effectiveness included predominantly patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH or PAH associated with connective tissue diseases.

##### Compendial Uses

1. Angina pectoris
2. Peripheral vascular disease (e.g., Raynaud's disease, thrombotic angiopathy)

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

#### II. CRITERIA FOR INITIAL APPROVAL

##### A. Pulmonary Arterial Hypertension (PAH)

Indefinite authorization may be granted for treatment of PAH when ALL of the following criteria are met:

1. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).
2. PAH was confirmed by either criterion (1) or criterion (2) below:
  - a. Pretreatment right heart catheterization with all of the following results:
    - i. mPAP > 20 mmHg
    - ii. PCWP ≤ 15 mmHg
    - iii. PVR ≥ 3 Wood units
  - b. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

##### B. Angina Pectoris

Authorization of 3 months may be granted for treatment of angina pectoris.

**C. Peripheral vascular disease (e.g., Raynaud's disease, thrombotic angiopathy)**

Authorization of 12 months may be granted for treatment of peripheral vascular disease (e.g., Raynaud's disease, thrombotic angiopathy)

**III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested medication through a paid pharmacy or medical benefit.

**A. Pulmonary Arterial Hypertension (PAH)**

Indefinite authorization may be granted when all of the following criteria are met:

1. The member is currently receiving therapy with the requested medication
2. The requested medication is being used to treat PAH
3. The member is receiving benefit from therapy. Benefit is defined as either:
  - a. Disease stability
  - b. Disease improvement

**B. Angina pectoris**

Authorization of 3 months may be granted when all of the following criteria are met:

1. The member is currently receiving therapy with the requested medication
2. The requested medication is being used to treat angina pectoris
3. The member is receiving benefit from therapy. Benefit is defined as either:
  - a. Disease stability
  - b. Disease improvement

**C. Peripheral vascular disease (e.g., Raynaud's disease, thrombotic angiopathy)**

Authorization of 12 months may be granted when all of the following criteria are met:

1. The member is currently receiving therapy with the requested medication
2. The requested medication is being used to treat peripheral vascular disease (e.g., Raynaud's disease, thrombotic angiopathy)
3. The member is receiving benefit from therapy. Benefit is defined as either:
  - a. Disease stability
  - b. Disease improvement

**IV. APPENDIX****WHO Classification of Pulmonary Hypertension****1 PAH**

- 1.1 Idiopathic (PAH)
- 1.2 Heritable PAH
- 1.3 Drug- and toxin-induced PAH
- 1.4. PAH associated with:
  - 1.4.1 Connective tissue diseases
  - 1.4.2 HIV infection
  - 1.4.3 Portal hypertension
  - 1.4.4 Congenital heart diseases
  - 1.4.5 Schistosomiasis
- 1.5 PAH long-term responders to calcium channel blockers
- 1.6 PAH with overt features of venous/capillaries (PVOD/PCH) involvement

1.7 Persistent PH of the newborn syndrome

## **2 PH due to left heart disease**

2.1 PH due to heart failure with preserved LVEF

2.2 PH due to heart failure with reduced LVEF

2.3 Valvular heart disease

2.4 Congenital/acquired cardiovascular conditions leading to post-capillary PH

## **3 PH due to lung diseases and/or hypoxia**

3.1 Obstructive lung disease

3.2 Restrictive lung disease

3.3 Other lung disease with mixed restrictive/obstructive pattern

3.4 Hypoxia without lung disease

3.5 Developmental lung disorders

## **4 PH due to pulmonary artery obstruction**

4.1 Chronic thromboembolic PH

4.2 Other pulmonary artery obstructions

4.2.1 Sarcoma (high or intermediate grade) or angiosarcoma

4.2.2 Other malignant tumors

Renal carcinoma

Uterine carcinoma

Germ cell tumours of the testis

Other tumours

4.2.3 Non-malignant tumours

Uterine leiomyoma

4.2.4 Arteritis without connective tissue disease

4.2.5 Congenital pulmonary artery stenosis

4.2.6 Parasites

Hydatidosis

## **5 PH with unclear and/or multifactorial mechanisms**

5.1 Hematologic disorders: Chronic hemolytic anemia, myeloproliferative disorders

5.2 Systemic and metabolic disorders: Pulmonary Langerhans cell histiocytosis, Gaucher disease, glycogen storage disease, neurofibromatosis, sarcoidosis

5.3 Others: chronic renal failure with or without hemodialysis, fibrosing mediastinitis

5.4 Complex congenital heart disease

## **V. REFERENCES**

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3. Epoprostenol Sodium for Injection [package insert]. North Wales, PA: Teva Pharmaceuticals USA; March 2019.
4. Galie, N., McLaughlin, VV, Rubin, LJ, Simonneau, G. An overview of the 6th World Symposium on Pulmonary Hypertension. *Eur Respir J* 2019; 53: 1802148; DOI: 10.1183/13993003.02148-2018. Published 24 January 2019.
5. Simonneau G, Montani D, Celermajer DS, et al. Haemodynamic definitions and updated clinical classification of pulmonary hypertension. *Eur Respir J* 2019;53:1801913; doi:10.1183/13993003.01913-2018
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