

SPECIALTY GUIDELINE MANAGEMENT

Ventavis (iloprost inhalation solution)

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

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 or PAH associated with connective tissue diseases.

All other indications are considered experimental/investigational and not medically necessary.

II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a pulmonologist or cardiologist.

III. CRITERIA FOR INITIAL APPROVAL

Pulmonary Arterial Hypertension (PAH)

Authorization of 12 months may be granted for treatment of PAH when ALL of the following criteria are met:

- A. Member has PAH defined as WHO Group 1 class of pulmonary hypertension (refer to Appendix).
- B. PAH was confirmed by either criterion (1) or criterion (2) below:
 1. Pretreatment right heart catheterization with all of the following results:
 - i. Mean pulmonary arterial pressure (mPAP) > 20 mmHg
 - ii. Pulmonary capillary wedge pressure (PCWP) ≤ 15 mmHg
 - iii. Pulmonary vascular resistance (PVR) ≥ 3 Wood units in adult patients or pulmonary vascular resistance index (PVRI) ≥ 3 Wood units x m² in pediatric patients
 2. For infants less than one year of age, PAH was confirmed by Doppler echocardiogram if right heart catheterization cannot be performed.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members with an indication listed in Section III who are currently receiving the requested medication through a paid pharmacy or medical benefit, and who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

V. 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

VI. REFERENCES

Reference number(s)
1648-A

1. Ventavis [package insert]. Titusville, NJ: Actelion Pharmaceuticals US, Inc.; March 2022.
2. Chin KM, Rubin LJ. Pulmonary arterial hypertension. *J Am Coll Cardiol*. 2008;51(16):1527-1538.
3. 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.
4. Badesch DB, Champion HC, Gomez-Sanchez MA, et al. Diagnosis and assessment of pulmonary arterial hypertension. *J Am Coll Cardiol*. 2009;54:S55-S66.
5. Rubin LJ; American College of Chest Physicians. Diagnosis and management of pulmonary arterial hypertension: ACCP evidence-based clinical practice guidelines. *Chest*. 2004;126(1 Suppl):7S-10S.
6. Barst RJ, Gibbs SR, Ghofrani HA, et al. Updated evidence-based treatment algorithm in pulmonary arterial hypertension. *J Am Coll Cardiol*. 2009;54:S78-S84.
7. Taichman DB, Ornelas J, Chung L, et al. Pharmacologic therapy for pulmonary arterial hypertension in adults. CHEST guideline and expert panel report. *Chest*. 2014;46(2):449-475.
8. Abman SH, Hansmann G, Archer SL, et al. Pediatric pulmonary hypertension: guidelines from the American Heart Association and American Thoracic Society. *Circulation*. 2015;132(21):2037-99.
9. Klinger JR, Elliott CG, Levine DJ, et al. Therapy for Pulmonary Arterial Hypertension in Adults: Update of the CHEST Guidelines and Expert Panel Report. *Chest*. 2019;155(3): 565-586.
10. 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.
11. 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.