

Epoprostenol Injection (Flolan®, Veletri®, generic)

When requesting epoprostenol injection, the individual requiring treatment must be diagnosed with the following FDA-approved indication or approved off-label compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indication

Epoprostenol is a prostanoid vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity.

Approved Off-label Compendial Use

Chronic thromboembolic pulmonary hypertension (CTEPH)

Coverage Guidelines

Pulmonary Arterial Hypertension (PAH)

The individual must meet the following criteria for initial authorization:

- Has a diagnosis of pulmonary arterial hypertension (WHO Group I) confirmed by a right heart catheterization;
- Meets one of the following:
 - o Individual is in Functional Class III or IV; OR
 - o Individual is in Functional Class II AND has tried or is currently receiving one oral agent OR has tried one inhaled/parenteral prostacycline product for PAH;
- Individual with idiopathic PAH must also meet one of the following:
 - o Has had an acute response to vasodilator testing during the right heart catheterization and has tried at least one calcium channel blocker (CCB) therapy; OR
 - o Did not have an acute response to vasodilator testing; OR
 - o Cannot undergo a vasodilator test; OR
 - o Cannot take CCB therapy (e.g., right heart failure, decreased cardiac output); OR
 - o Has tried one CCB.
- Epoprostenol is prescribed by or in consultation with a pulmonologist or a cardiologist.

The individual must meet both of the following criteria for re-authorization:

- Has a diagnosis of pulmonary arterial hypertension (WHO Group I) confirmed by right heart catheterization;

- Epoprostenol is prescribed by or in consultation with a pulmonologist or a cardiologist.
A short-term supply of epoprostenol for up to 30 days will be approved if the patient does not meet the criteria above or if there is insufficient information available.

Chronic Thromboembolic Pulmonary Hypertension

The individual must meet the following criterion for authorization:

- Epoprostenol is prescribed by or in consultation with a pulmonologist or a cardiologist.

Approval Duration (initial & renewal): 12 months

Dosing Recommendations

Pulmonary Arterial Hypertension (PAH)

Epoprostenol is administered by continuous intravenous. Infusion of epoprostenol should be initiated at 2 ng/kg/min and increased in increments of 2 ng/kg/min every 15 minutes or longer until a tolerance limit to the drug is established or further increases in the infusion rate are not clinically warranted.

Chronic Thromboembolic Pulmonary Hypertension

The recommended dose is up to 45 ng/kg/min intravenously.

References

1. Flolan® intravenous infusion [prescribing information]: Research Triangle Park: NC; GlaxoSmithKline; October 2023.
2. Epoprostenol sodium intravenous infusion [prescribing information]. Cranbury, NJ: Sun; January 2021.
3. Veletri® intravenous infusion [prescribing information]. South San Francisco, CA: Actelion/Janssen; July 2022.
4. Condliffe R, Kiely DG, Gibbs SR, et al. Improved outcomes in medically and surgically treated chronic thromboembolic pulmonary hypertension. *Am J Respir Crit Care Med*. 2008;177:1122-1127.
5. Bresser P, Fedullo PF, Auger WR, et al. Continuous epoprostenol for chronic thromboembolic pulmonary hypertension. *Eur Respir J*. 2004; 23:595-600.
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. Ruopp NF, Cockrill BA. Diagnosis and treatment of pulmonary arterial hypertension. A review. *JAMA*. 2022;327(14):1379-1391.
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.
9. Kim NH, Delcroix M, Jais X, et al. Chronic thromboembolic pulmonary hypertension. *Eur Respir J*. 2019;53(1):1801915.
10. Papamtheakis DG, Poch DS, Fernandes TM, et al. Chronic thromboembolic pulmonary hypertension: JACC focus seminar. *J Am Coll Cardiol*. 2020;76(180):2155-2169.
11. Humbert M, Kovacs G, Hoeper MM, et al, for the ESC/ERS Scientific Document Group. 2022 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. *Eur Heart J*. 2022 Aug 26. [Online ahead of print].
12. Maron B. Revised definition of pulmonary hypertension and approach to management: a clinical primer. *J Am Heart Assoc*. 2023 April 7. [epub ahead of print].
13. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2024 report). © 2024 Global Initiative for Chronic Obstructive Lung Disease. Available at: <https://goldcopd.org/2024-gold-report/>. Accessed on December 2, 2025.