**Description:** Epoprostenol (PGI2, PGX, prostacyclin), a metabolite of arachidonic acid, is a naturally occurring prostaglandin with potent vasodilatory activity and inhibitory activity of platelet aggregation.

**Pre-Authorization Criteria:** Treatment of pulmonary arterial hypertension (PAH) in patients with NYHA Class III or IV symptoms to improve exercise capacity.

**Unlabeled use:** Acute vasodilator testing in PAH.

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

**Dosing:** By continuous intravenous infusion via a central venous catheter using an ambulatory infusion pump: initiate at 2 ng/kg/min; increase by same at greater than 15-minute intervals, observing for side effects (thereafter, mean incremental increase is approximately 2-3 ng/kg/min every three weeks); following dosage adjustments, monitor standing and supine blood pressure and heart rate closely for several hours; temporary peripheral intravenous infusion may be used initially until central access is established.

**How Supplied:** 10 mL vials: 0.5mg (500,000 ng), 1.5 mg (1,500,000 ng); 50 mL sterile diluent

**Contraindications/Warnings:** Contraindicated in patients with congestive heart failure due to severe left ventricular systolic dysfunction; must not be reconstituted or mixed with any other parenteral medications or solutions prior to or during administration; only mix with provided diluent; Initiate epoprostenol in a setting with adequate personnel and equipment for physiologic monitoring and emergency care; based on clinical trials, the acute hemodynamic response to epoprostenol did not correlate well with improvement in exercise tolerance or survival during chronic use;

**Major Adverse Reactions:** Hypotension, dizziness, tachycardia, pallor; rebound pulmonary hypertension after abrupt withdrawal (epoprostenol is metabolized rapidly; even brief interruptions in delivery may result in symptoms associated with rebound pulmonary hypertension)
**Major Drug Interactions:** Additional reductions in blood pressure may occur when epoprostenol is administered with diuretics, antihypertensive agents, or other vasodilators; when other antiplatelet agents or anticoagulants are used concomitantly, there is the potential for increased risk of bleeding.

**REFERENCES**


**Revision History:**
- Date Approved by P&T Committee: 10/28/14; QAC 11/25/14
- Date Reviewed/No Updates: 01.13.15 by C. Sanders, MD
- Date Approved by P&T Committee: 01.27.15
- Date Reviewed/Updated: 03.12.15 by C. Sanders, MD; R. Sterling, MD
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- Date Reviewed/No Updates: 01.24.17 by C. Sanders, MD; R. Sterling, MD
- Date Approved by P&T Committee: 01.24.17

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