

Pharmacy Policy

ACEIs and ARBs

Policy Number: 9.601

Version Number: 2

Version Effective Date: 3/1/2022

<p>Product Applicability <input type="checkbox"/> All Plan+ Products</p>	
<p>Well Sense Health Plan</p> <p><input type="checkbox"/> New Hampshire Medicaid</p>	<p>Boston Medical Center HealthNet Plan</p> <p><input type="checkbox"/> MassHealth - MCO</p> <p><input type="checkbox"/> MassHealth - ACO</p> <p><input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct</p> <p><input type="checkbox"/> Senior Care Options</p>

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Enalapril Oral Solution (Epaned)**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	<ol style="list-style-type: none"> 1. Diagnosis of hypertension, heart failure, or left ventricular dysfunction; AND 2. Inability to take an oral tablet or capsule due to difficulty swallowing.
Age Restrictions	None

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Prescriber Restriction	None
Coverage Duration	1 year
Quantity Limit	None
Other criteria	Reauthorization: 1. Continued inability to take an oral tablet or capsule due to difficulty swallowing

Clinical Background Information and References

1. Matchar DB, McCrory DC, Orlando LA, et al. Systematic review: Comparative effectiveness of angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers for treating essential hypertension. *Ann Intern Med.* 2008;148:16-29.
2. Kunz R, Friedrich C, Wolbers M, Mann JFE. Meta-analysis: Effect of monotherapy and combination therapy with inhibitors of the renin angiotensin system on proteinuria in renal disease. *Ann Intern Med.* 2008;148:30-48.
3. Angiotensin II Receptor Antagonists. Facts and Comparisons 4.0 (online), 2009. Available from Woltres Kluwer Health, Inc. Accessed April, 2012.
4. Benowitz NL. Antihypertensive Agents. In: Katzung BG, Ed. *Basic and Clinical Pharmacology, 10th Ed.* McGraw-Hill; 2007: 175-177.
5. American College of Obstetricians and Gynecologists. Hypertension in pregnancy: report of the American College of Obstetricians and Gynecologists' Task Force on Hypertension in Pregnancy. *Obstet Gynecol.*2013;122:1122-1131.
6. FDA Drug Safety Communication: FDA approves label changes to include intestinal problems (sprue-like enteropathy) linked to blood pressure medicine olmesartan medoxomil. Last updated 7/11/2013.
7. FDA. ACE Inhibitors: Dual Blockade of the RAS. Available: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm418829.htm>. Accessed April, 2014.
8. Epaned® (enalapril) prescribing information. Silvergate Pharmaceuticals, Inc. Greenwood, CO 80111. January 2016.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

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Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	Discontinued Policy 9.131 and created a separate policy for QHP. Removed Qbreliis from policy per updated QHP formulary for 2021.	1/1/2021	P&T Committee
11/11/2021	Annual Review: Generic Epaned added to policy to reflect generic availability.	3/1/2022	P&T Committee

Next Review Date

11/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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