UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Epaned

Program	Prior Authorization
Medication	Epaned (enalapril oral solution)
Issue Date	3/2015
Pharmacy and Therapeutics Approval Date	8/2017
Effective Date	10/2017

1. Background:

Indications

Hypertension
Indicated for the treatment of hypertension in adults and children older than one month, to lower blood pressure. Lowering blood pressure reduces the risk of fatal and nonfatal cardiovascular events, primarily strokes and myocardial infarctions.

Heart failure
Indicated for the treatment of symptomatic heart failure, usually in combination with diuretics and digitalis. In these patients, Epaned increases survival and decreases the frequency of hospitalization.

Asymptomatic left ventricular dysfunction
Indicated for the treatment of asymptomatic left ventricular dysfunction. In clinically stable asymptomatic patients with left ventricular dysfunction (ejection fraction less than or equal to 35%), Epaned decreases the rate of development of overt heart failure and decreases the incidence of hospitalization for heart failure.

2. Coverage Criteria:

A. Authorization Criteria

1. One of the following diagnoses:
   - Hypertension
   - Heart failure
   - Asymptomatic left ventricular dysfunction, defined as left ventricular ejection fraction less than or equal to 35%

AND

2. One of the following:

   a. Patient is less than 8 years of age

   OR

   b. History of failure, contraindication, or intolerance to two formulary oral antihypertensives (eg, ACE Inhibitor, ACE Inhibitor Combination, ARB, ARB Combination, Thiazide Diuretic)

   OR

   c. Patient is unable to ingest a solid dosage form (e.g. an oral tablet or capsule) due to one of the following:
      - Oral/motor difficulties
      - Dysphagia

Authorization will be issued for 12 months.

3. References:

1. Epaned prescribing information. Silvergate Pharmaceuticals, Inc. Greenwood Village, CO. September 2014.

Program	Prior Authorization- Epaned (enalapril oral solution)
Change Control	
Date	Change
March 2015	New Guideline
October 2016	Updated policy template. Updated language for inability to swallow tablets or capsules.
August 2017	Updated maximum age requirement to 8 years of age. Removed endnotes.