

Clinical Pharmacy Program Guidelines for Epaned

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| 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:

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| A. | <p><u>Authorization Criteria</u></p> <p>1. One of the following diagnoses:</p> <ul style="list-style-type: none"> • Hypertension • Heart failure • Asymptomatic left ventricular dysfunction, defined as left ventricular ejection fraction less than or equal to 35% <p style="text-align: center;">AND</p> |
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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.

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| 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. |