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## Pharmacy Policy

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# Prestalia

**Policy Number:** 9.614

**Revision Number:** R0

**Version Effective Date:** 1/1/2021

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

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

## Prior Authorization Policy

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### Products Affected:

- **Prestalia (perindopril arginine/ amlodipine)**

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

<b>Covered Use</b>	All FDA approved indications unless otherwise excluded
<b>Exclusion Criteria</b>	None
<b>Required Medical Information</b>	1. Diagnosis of hypertension; AND 2. Trial and Failure of 3 preferred ACE Inhibitor/Combination products required (see Appendix A) <sup>†</sup> ; <b>AND</b>

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	<p>3. Trial and Failure of 3 preferred Calcium Channel Blocker/Combination products required (see Appendix B) ‡</p> <p>‡ Preferred products must come from inside each class and cannot be combined between classes</p>
<b>Age Restrictions</b>	None
<b>Prescriber Restriction</b>	None
<b>Coverage Duration</b>	1 year
<b>Other criteria</b>	<p>Reauthorization:</p> <ol style="list-style-type: none"> <li>1. Currently receiving medication via Well Sense benefit or member has previously met initial approval criteria; <b>AND</b></li> <li>2. Attestation of continued efficacy and appropriateness of therapy.</li> </ol>

Appendix A:

PREFERRED ACE Inhibitors/Combinations	
amlodipine/benazepril (generic for Lotrel®)	moexipril
benazepril (generic for Lotensin®)	moexipril/HCTZ
benazepril HCT (generic for Lotensin HCT®)	perindopril (generic for Aceon®)
captopril (generic for Capoten®)	quinapril (generic for Accupril®)
captopril-HCTZ (generic for Capozide®)	quinapril/HCTZ (generic for Accyretic®)
enalapril (generic for Vasotec®)	ramipril (generic for Altace cap®)
enalapril-HCTZ (generic for Vaseretic®)	trandolapril (generic for Mavik®)
fosinopril/HCTZ	trandolapril/verapamil (generic for Tarka®)
lisinopril (generic for Prinivil® and Zestril®)	
lisinopril-HCTZ (generic for Prinzide® and Zestoretic®)	

Appendix B:

PREFERRED Calcium Channel Blockers/Combinations	
afeditab CR (generic for Adalat CC®)	nifediac CC (generic for Adalat CC®)
amlodipine (generic for Norvasc®)	nifedical XL (generic for Procardia XL®)
amlodipine/benazepril (generic for Lotrel®)	nifedipine IR (generic for Procardia®)
felodipine ER (generic for Plendil®)	nifedipine SA/ER/XL (generic for Procardia XL®)
isradipine (generic for Dynacirc®)	nimodipine (generic for Nimotop®)
nicardipine (generic for Cardene®)	nisoldipine

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## Clinical Background Information and References

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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. Angiotensin II Receptor Antagonists. Facts and Comparisons 4.0 (online), 2009. Available from Wolters Kluwer Health, Inc. Accessed April, 2012.
3. Benowitz NL. Antihypertensive Agents. In: Katzung BG, Ed. *Basic and Clinical Pharmacology, 10<sup>th</sup> Ed.* McGraw-Hill; 2007: 175-177.
4. FDA. ACE Inhibitors: Dual Blockade of the RAS. Available: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm418829.htm>. Accessed April, 2014.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	P&T Committee, NH DHHS

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	New Policy created for NH PDL	1/1/2021	P&T Committee, NH DHHS

## Next Review Date

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2021

## Other Applicable Policies

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## Reference to Applicable Laws and Regulations, If Any

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## Disclaimer Information

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

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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