



wellsense.org | 877-957-1300

Pharmacy Policy

ACEIs and ARBs

Policy Number: 9.601

Revision Number: R0

Version Effective Date: 1/1/2021

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

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

Prior Authorization Policy

Products Affected:

- Epaned (enalapril)
- Qbrelis (lisinopril)

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	<u>Epaned</u>

^{*} 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 Information	<p>Documentation of the following:</p> <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; AND 3. If age 18 years and older, a Trial and Failure of 3 preferred products required (See Appendix A for list of Preferred ACE Inhibitors and combinations). <p>Qbrelis</p> <p>Documentation of the following:</p> <ol style="list-style-type: none"> 1. Diagnosis of hypertension, heart failure, or acute myocardial infarction ; AND 2. Inability to take an oral tablet or capsule due to difficulty swallowing; AND 3. Trial and Failure of 3 preferred products required (See Appendix A for list of Preferred ACE Inhibitors and combinations).
Age Restrictions	Qbrelis: 6 years and over
Prescriber Restriction	None
Coverage Duration	1 year
Other criteria	<p>Reauthorization:</p> <ol style="list-style-type: none"> 1. Member continues to meet initial criteria AND 2. Attestation of continued efficacy, monitoring and appropriateness of therapy.

Appendix A:

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

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.

* 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.

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, 10th 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.
5. Epaned® (enalapril) prescribing information. Silvergate Pharmaceuticals, Inc. Greenwood, CO 80111. January 2016.
6. Qbrelis™(lisinopril) prescribing information. Silvergate Pharmaceuticals, Inc. Greenwood, CO 80111. July 2016.

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	Discontinued Policy 9.131 and created a separate policy for NH. Addition of Appendix A to include table of preferred products per NH PDL.	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

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.

^{*} *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.