

MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY:	Angina	P&T DATE:	5/8/2018
THERAPEUTIC CLASS:	Cardiovascular	REVIEW HISTORY:	2/17, 2/16, 5/09
LOB AFFECTED:	Medi-Cal	(MONTH/YEAR)	

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.

OVERVIEW

Angina is a disease-state that can signal serious underlying cardiovascular problems and is distressing for patients to experience. HPSJ has a wide variety of agents on formulary in a variety of classes for this condition. Coverage criteria utilizes the best practices guidelines as developed by the American College of Cardiology and the American Heart Association

Available Agents for Angina (Current as of 2/2018)

Therapeutic Class	Drug	Available Strengths	Formulary Limits	Avg Cost/Rx*	Notes/Restriction Language
Nitrates (Vasodilator)	Nitroglycerin	ER capsules:			
		2.5 mg	--	\$14.04	--
		6.5 mg	--	\$11.91	--
		9 mg	--	--	--
		SL Packet:			
		GoNitro 400 mcg	NF	--	--
		SL Spray:			
		NitroMist, NitroLingual 400 mcg/spray	NF	--	--
		SL Tablets:			
		0.3 mg	--	\$31.29	--
		0.4 mg	--	\$20.27	--
		0.6 mg	--	\$26.13	--
		Rectal:			
		Rectiv 0.4% Ointment	NF		
		Transdermal Ointment:			
		Nitro-Bid 2% Ointment	--	\$46.51	--
		Transdermal Patch:			
		Nitro-Dur 0.3 mg/hr	--	\$160.65	--
		Nitro-Dur 0.8 mg/hr	--	\$182.79	--
		0.1 mg/hr	--	\$22.44	--
0.2 mg/hr	--	\$18.25	--		

		0.3 mg/hr	--	--	--		
		0.4 mg/hr	--	\$20.35	--		
		0.6 mg/hr	--	--	--		
		0.8 mg/hr	--	--	--		
		Injectable vials:					
		5 mg/ml	NF	--	--		
		IV solution in D5W:					
		25 mg/250 ml, 50 mg/250 ml, 100 mg/250 ml	NF	--	--		
		Isosorbide Dinitrate (Isordial Titradose, Dilatrate SR), Isordial Mononitrate (Imdur)	Dinitrate IR Tablets				
			5mg	--	\$44.82	--	
			10 mg	--	\$44.79	--	
			20 mg	--	\$57.20	--	
			30 mg	--	\$31.47	--	
			40 mg	--	\$55.85	--	
	Dinitrate ER Tablets:						
	40 mg		--	--	--		
	Dinitrate SR Capsules:						
	40 mg		--	--	--		
	Mononitrate IR Tablets:						
	10mg		--	\$22.77	--		
	20 mg		--	\$30.20	--		
	Mononitrate ER Tablets						
	30mg	--	\$7.59	--			
	60 mg	--	\$10.25	--			
	120 mg	--	\$22.33	--			
	Beta Blockers (Cardiac Depressant)	Acebutolol Hcl	Capsules:				
			200 mg	NF	--	--	
400 mg			NF	--	--		
Atenolol (Tenormin)		Tablets:					
		25mg	--	\$1.59	--		
		50 mg	--	\$1.63	--		
		100 mg	--	\$1.04	--		
Betaxolol*		Tablets:					

		10mg, 20mg	NF	--	--
		20 mg	NF	--	--
	Bystolic* (Nebivolol)	Tablets:			
		2.5 mg	PA, QL	\$121.17	Reserved for intolerance or treatment failure of Metoprolol and Carvedilol. Restricted to 1 tablet per day.
		5 mg	PA, QL	\$129.38	
		10 mg	PA, QL	\$120.14	
		20 mg	PA, QL	\$121.85	
	Bisoprolol Fumarate* (Zebeta)	Tablets:			
		5mg,	--	\$20.95	--
		10mg	--	\$12.43	--
	Carvedilol (Coreg)	Tablets:			
		3.125mg	QL	\$1.75	(3.125mg = 2 per day, 6.25mg = 2 per day, 12.5mg = 2 per day, 25 mg = 4 per day)
		6.25 mg	QL	\$1.50	
		12.5 mg	QL	\$1.44	
		25 mg	QL	\$3.80	
		CR Capsules:			
		10 mg	NF	--	--
		20 mg	NF	--	--
		40 mg	NF	--	--
		80 mg	NF	\$812.59	--
	Labetalol* (Trandate)	Tablets:			
		100mg	--	\$19.14	--
		200 mg	--	\$37.52	--
		300 mg	--	\$50.34	--
		IV Solution:			
		5 mg/ ml	NF	--	--
	Metoprolol Succinate or Tartrate (Toprol XL or Lopressor)	Metoprolol Succinate (ER) Tablets:			
		25mg	--	\$12.81	--
		50 mg	--	\$13.05	--
		100 mg	--	\$34.08	--
		200 mg	--	\$47.97	--
		Metoprolol Tartrate (IR) Tablets:			
		25mg	--	\$1.04	--
		50 mg	--	\$1.61	--

		100 mg	--	\$2.54	--
		37.5 mg	NF	--	--
		75 mg	NF	--	--
		IV Solution:			
		5 mg/5 ml	NF		--
		IV Solution Cartridge:			
		5 mg/5 ml	NF		--
		Prefilled IV Solution Syringes:			
		5 mg/5 ml	NF		--
	Nadolol (Corgard)	Tablets:			
		20mg	--	\$56.65	--
		40 mg	--	\$56.65	--
		80 mg	--	\$90.65	--
	Pindolol* (Visken)	Tablets:			
		5mg	--	\$48.24	--
		10mg	--	\$34.23	--
	Propranolol (IR or XL) Stable Angina	ER Capsules:			
		60mg	--	\$42.34	--
		80 mg	--	\$63.80	--
		120 mg	--	\$69.98	--
		160 mg	--	\$102.71	--
		XL Capsules:			
		80 mg	--	--	--
		120 mg	--	--	--
		IR Tablets:			
		10mg	--	\$9.20	--
		20 mg	--	\$11.87	--
		40 mg	--	\$17.11	--
		60 mg	--	\$43.98	--
		80 mg	--	\$30.95	--
		Oral Solution:			
		4.28 mg/ml	NF	--	--
		20mg/5mL	--	\$18.00	--
		40mg/5mL	--	--	--

		IV Solution:			
		1 mg/ml	NF	--	--
	Timolol*	Tablets:			
		5mg	--	--	--
		10 mg	--	--	--
20 mg		--	--	--	
1.Ca2+ Channel blockers (Vasodilator and Cardiac Depressant)	Non-Dihydropyridine:				
	Diltiazem (Cardizem, Cardizem CD, Cardizem LA, Cartia XT, Dilacor XR, Dilt-XR, Martizem LA, Tiazac XC)	CD Capsules:			
		120 mg	--	\$18.94	--
		180 mg	--	\$23.55	--
		240 mg	--	\$24.68	--
		300mg	--	\$32.67	--
		360 mg	NF	\$221.06	--
		XR capsules:			
		120 mg	--	\$15.74	--
		180 mg	--	\$23.71	--
		240 mg	--	\$25.99	--
		12 Hour ER Capsules:			
		60 mg	NF	\$90.80	--
		90 mg	NF	\$77.61	--
		120 mg	NF	\$190.68	--
		24 Hour ER Capsules:			
		120 mg	--	\$21.00	--
		180 mg	--	\$23.87	--
		240 mg	--	\$22.87	--
		300 mg	--	\$29.62	--
		360 mg	NF	\$119.61	--
		420 mg	--	\$39.11	--
		IR Tablets:			
		30mg	--	\$6.24	--
		60 mg	--	\$16.90	--
		90 mg	--	\$16.54	--
		120 mg	--	\$19.74	--
		ER Tablets:			

		180 mg	--	\$64.26	--
		240 mg	--	\$72.03	--
		360 mg	--	\$100.82	--
		Cardizem LA Tablets:			
		120 mg	NF	\$116.22	--
		Cartia XT Capsules:			
		120 mg	NF	\$26.11	--
		180 mg	NF	\$26.40	--
		240 mg	NF	\$18.59	--
		300 mg	NF	\$24.38	--
		Taztia XT Capsules:			
		120 mg	NF	\$21.08	--
		180 mg	NF	\$19.34	--
		240 mg	NF	\$26.96	--
		360 mg	NF	\$39.41	--
		Matzim LA Tablets:			
		180 mg	NF	\$64.26	--
		240 mg	NF	\$71.06	--
		24 Hour ER Capsules:			
		120 mg	--	\$26.43	--
		180 mg	--	\$30.64	--
		240 mg	--	\$33.10	--
		24 Hour ER PM Capsules:			
		100 mg	--	\$54.76	--
		200 mg	--	\$62.57	--
		300 mg	--	\$91.48	--
		Pellet Capsules:			
		360 mg	NF	\$84.43	--
		SR Capsules:			
		120 mg	--	\$26.09	--
		180 mg	--	\$30.40	--
		240 mg	--	\$91.48	--
	Verapamil (Calan, Calan SR, Covera HS, Isoptin SR, Verelan)				

		IR Tablets:			
		40mg	--	\$6.59	--
		80 mg	--	\$3.93	--
		120 mg	--	\$4.61	--
		ER Tablets:			
		120mg	--	\$14.51	--
		180 mg	--	\$7.21	--
		240 mg	--	\$7.41	--
		IV Solutions:			
		2.5 mg/ml	NF	\$65.50	
	Dihydropyridine:				
	Amlodipine (Norvasc)	Tablets:			
		2.5 mg	QL	\$0.68	1 tablet per day
		5 mg	QL	\$0.73	
		10 mg	QL	\$1.25	
		Suspension:			
	1 mg/ml	NF	--	--	
	Felodipine* (Plendil)	ER Tablets:			
		2.5 mg	--	\$6.00	--
		5 mg	--	\$7.78	--
		10 mg	--	\$6.58	--
	Isradipine -Unstable Angina	Capsules:			
		2.5 mg	NF	--	--
		5 mg	NF	--	--
	Nicardipine (Cardene)	Capsules:			
		20 mg	NF	\$135.15	--
		30 mg	NF	--	--
		IV Solution:			
		2.5 mg/ml	NF	--	--
		20 mg/200 ml	NF	--	--
		40 mg/200 ml	NF	--	--
		50 mg/250 ml	NF	--	--
	Nifedipine (Adalat CC, Afeditab CR, Nifediac CC,	IR Capsules:			
		10 mg	--	\$41.10	--
		20 mg	--	\$100.12	--

	Nifedical XL, Procardia XL)	24 Hour ER Tablets:			
		30 mg	--	\$15.81	--
		60 mg	--	\$32.57	--
		90 mg	--	\$49.46	--
		XL Tablets:			
		30 mg	--	\$17.91	--
		60 mg	--	\$54.02	--
Miscellaneous Agents	Ranolazine (Ranexa)	ER Tablets:			
		500mg,	PA	\$332.44	Reserved for treatment failure of 3 formulary alternatives, including Beta-blockers, Calcium Channel Blockers, and Long-Acting Nitrates.
		1000mg		\$563.28	
Based on utilization data from 1/2017- 12/2017. * no FDA indication for Angina, QL = Quantity Limit, IR = Immediate Release, ER = Extended Release, LA = Long-Acting, CD = Controlled Dispersion, XT = Extended Release Technology, SL = Sublingual					

⊞ EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HSPJ Medical Review Guidelines (UM06).

Nitrates: Nitroglycerin, Isosorbide Dinitrate, Isosorbide Mononitrate

Oral Nitroglycerin (IR/ER Formulations), Sublingual tablets, Transdermal, Isosorbide Dinitrate, Isosorbide Mononitrate

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** GoNitro Sublingual Pack, NitroMist and NitroLingual oral Spray, Rectiv rectal ointment, Nitroglycerin injectable solutions

Calcium Channel Blocker: Amlodipine, Felodipine, Isradipine, Nicardipine, Nifedipine, Diltiazem, Verapamil

Amlodipine

- Coverage Criteria:** None
- Limits:** One tablet per day
- Required Information for Approval:** N/A
- Non-Formulary:** Nicardipine, Isradipine

*Nifedipine, Felodipine**

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A

Non-Dihydropyridine: Diltiazem, Verapamil

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Diltiazem 12 hours ER capsules (60 mg, 90 mg, 120 mg), Diltiazem CD 360 mg 24 hour capsules, Diltiazem ER 360 mg 24 hour capsules, Diltiazem IV solutions, Verapamil IV solutions

Beta-Blockers: Atenolol, Betaxolol*, Bisoprolol*, Carvedilol, Labetalol*, Metoprolol, Nadolol, Nebivolol*, Pindolol*, Propranolol, timolol*

Atenolol, Bisoprolol* , Metoprolol (Succinate or Tartrate),

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A

Nebivolol (Bystolic)*

- Coverage Criteria:** Reserved for intolerance or treatment failure of dose optimized metoprolol AND carvedilol.
- Limits:** One tablet per day
- Required Information for Approval:** Chart notes and pharmacy fill history of Metoprolol and Carvedilol. Chart notes must describe the intolerance or adverse reaction to Metoprolol and Carvedilol.

Labetalol*, Propranolol, Pindolol*, Nadolol, Timolol*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Betaxolol*, Proranolol 4.28 mg/ml oral solution

Carvedilol (Coreg)

- Coverage Criteria:** None
- Limits:** 3.125mg = 2 per day, 6.25mg = 2 per day, 12.5mg = 2 per day, 25 mg = 4 per day
- Required Information for Approval:** N/A

Miscellaneous Agents: Ranolazine

Ranolazine (Ranexa)

- Coverage Criteria:** Reserved for treatment failure of three formulary alternatives, including Beta-blockers, Calcium Channel Blockers, and Long-Acting Nitrates.
- Limits:** None
- Required Information for Approval:** Clinic notes and pharmacy fill history of at least three formulary alternatives from the above listed drug classes, with a reasonable attempt at dose titration.

*no FDA indication for angina

⊕ CLINICAL JUSTIFICATION

Angina Pectoris is a result of cardiac ischemia, and can cause patients to feel intense pressure and pain. Drugs used in Angina use one of two main strategies to combat the disease: Increased oxygen delivery to the heart tissue (vasodilation), or reduction of oxygen demand (cardiac load reduction/depression). Agents for the treatment of this disease tend to have many patient-exposure-years and are relatively inexpensive, which is why there are relatively few restrictions on these agents. Essentially, angina should be treated as a sequela of other underlying conditions, such as hypertension, diabetes, and hyperlipidemia, rather than treated as the primary condition in itself. Newer agents are available to members who have tried agents with more clinical experience and are still unable to find relief from their angina symptoms, or who have contraindications to these conventional therapies. Guidelines recommend use of Beta-Blockers and Calcium Channel Blockers as first line before attempting to use alternative or newer agents. HPSJ formulary is reflective of these concepts.

☒ **REFERENCES**

1. HPSJ formulary criteria
2. Package inserts obtained from dailymed.nlm.nih.gov
3. National Heart, Lung, and Blood Institute. Coronary Microvascular Disease. <https://www.nhlbi.nih.gov/health-topics/coronary-microvascular-disease>
4. Patel MR, Calhoun JH, Dehmer GJ, Grantham JA, Maddox TM, Maron DJ, Smith PK. ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 appropriate use criteria for coronary revascularization in patients with stable ischemic heart disease: a report of the American College of Cardiology Appropriate Use Criteria Task Force, American Association for Thoracic Surgery, American Heart Association, American Society of Echocardiography, American Society of Nuclear Cardiology, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, and Society of Thoracic Surgeons. *J Am Coll Cardiol* 2017;69:XXX–XX.
5. Coronary Vasospastic Angina: Current Understanding and the Role of Inflammation Ming-Jui Hung and Wen-Jin Cherng *Acta Cardiol Sin* 2013;29:1_10
6. ACC/AHA/ACP–ASIM Guidelines for the Management of Patients With Chronic Stable Angina: Executive Summary and Recommendations <https://doi.org/10.1161/01.CIR.99.21.2829> *Circulation*. 1999;99:2829-2848 Originally published June 1, 1999
7. American Heart Association. Angina (Chest Pain).UCM_450308_Article.jsp#.WmEb_k2WzVg
8. 2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease *JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY* VOL. 64, NO. 18, 2014
9. 2013 NICE stable Angina: management Clinical guideline published:23 July 2011

☒ **REVIEW & EDIT HISTORY**

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Ranexa 5_09.doc	5/19/2009	Allen Shek PharmD BCPS
Update to Policy	Cardiovascular – Angina	2/16/2016	Johnathan Yeh PharmD
Update to Policy	Cardiovascular – Angina	5/8/2018	Johnathan Yeh PharmD

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy