

# MEDICATION COVERAGE POLICY



## PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

<b>POLICY:</b>	Blood Pressure	<b>P&amp;T DATE:</b>	9/11/2018
<b>THERAPEUTIC CLASS:</b>	Cardiovascular Disorders	<b>REVIEW HISTORY:</b>	5/17, 9/15, 2/13, 2/08,
<b>LOB AFFECTED:</b>	MCL	(MONTH/YEAR)	5/07

*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

Hypertension is one of the most common chronic condition encountered by all primary care providers and is a major risk factor for cardiovascular disease (CVD) and stroke. The recurrent and chronic morbidities associated with hypertension are costly to treat. In 2013 to 2014, the annual direct and indirect cost of CVD and stroke in the United States were an estimated \$329 billion.<sup>1</sup> Lifestyle modifications including dietary changes and increased physical activity are essential for the prevention of elevated blood pressure, and is the initial step in managing hypertension. When lifestyle modifications are insufficient to achieve blood pressure goals, pharmacotherapy is one of the more cost effective methods of reducing premature cardiovascular morbidity and mortality.

**Table 1: Formulary Blood Pressure Lowering Agents:**

Class	Drug	Available Strengths	Form. Stats	Restriction (Blank = No restriction)	Cost Per Rx
Thiazide Diuretics	Hydrochlorothiazide (Microzide)	12.5mg, 25mg, 50mg	--		\$3.21
	Chlorthalidone (Thalitone)	25mg, 50mg	QL	One tablet per day	\$24.69
	Chlorothiazide (Diuril)	250mg, 500mg, 250mg/5ml	NF		\$35.30
	Metolazone (Zaroxolyn)	2.5mg, 5mg, 10mg	--		\$30.34
Loop Diuretics	Torsemide (Demadex)	5mg, 10mg, 20mg, 100mg	--		\$22.38
	Ethacrynic Acid (Edecrin)	25mg	PA	Restricted to patients with documented sulfa allergy or treatment failure of furosemide, torsemide, bumetanide.	\$507.02*
	Bumetanide (Bumex)	0.5, 1mg, 2mg	--	2mg= NF; Formulary alternative = Bumetanide 1mg	\$27.86
	Furosemide (Lasix)	20mg, 40mg, 80mg, 10mg/5mL, 40mg/5mL	--		\$2.78
Carbonic Anhydrase Inhibitors	Acetazolamide (IR, ER)	125mg, 250mg, 500mg (ER)	--		\$127.17
	Methazolamide (Neptazane)	25mg, 50mg	--		\$220.12
Potassium Sparing Diuretics	Spirololactone (Aldactone)	25mg, 50mg, 100mg	--		\$9.95
	Amiloride (Midamor)	5mg	--		\$29.23
	Eplerenone (Inspra)	25mg, 50mg	NF		\$114.28
	Triamterene (Dyrenium)	50mg, 100mg	--		\$298.78
	Captopril (Capoten)	12.5mg, 25mg, 50mg, 100mg	NF		\$44.24

Angiotensin Converting Enzyme Inhibitors (ACEi)	Enalapril (Vasotec)	2.5mg, 5mg, 10mg, 20mg	--		\$6.81
	Fosinopril (Monopril)	10mg, 20mg, 40mg	NF		\$9.69
	Quinapril (Accupril)	5mg, 10mg, 20mg, 40mg	--		\$9.87
	Lisinopril (Prinivil)	2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	--		\$2.57
	Ramipril (Altace)	1.25mg, 2.5mg, 5mg, 10mg	QL	1.25mg, 2.5mg, 5mg: 1 capsule per day 10mg; 2 capsules per day	\$8.63
	Perindopril (Aceon)	2mg, 4mg, 8mg	NF		--
	Benazepril (Lotensin)	5mg, 10mg, 20mg, 40mg	--		\$4.48
Angiotensin Receptor Blockers (ARB)	Irbesartan (Avapro)	75mg, 150mg, 300mg	ST,QL	Step therapy to treatment failure of Losartan 100mg per day in the past 90 days. Restricted to 1 tablet per day	\$10.31
	Candesartan (Atacand)	4mg, 8mg, 16mg, 32mg	NF		--
	Losartan (Cozaar)	25mg, 50mg, 100mg	--		\$3.77
	Olmesartan (Benicar)	5mg, 20mg, 40mg	ST, QL	Step therapy to treatment failure of Losartan 100mg per day in the past 90 days. Qty Limits: 5 mg: 2 tablets per day, 20mg and 40mg: 1 tablet per day	49.19
	Azilsartan (Edarbi)	40mg, 80mg	NF		--
	Eprosartan (Teveten)	600mg	NF		--
	Telmisartan (Micardis)	20mg, 40mg, 80mg	NF		\$65.49
	Valsartan (Diovan)	40mg, 80mg, 160mg, 320mg	PA	Reserved for heart failure patients intolerant of ACE inhibitors.	\$25.33
Calcium Channel Blockers (Dihydropyridine)	Nifedipine (Procardia IR or XL and Adalat CC, Afeditab CR)	IR: 10mg, 20mg ER: 30mg, 60mg, 90mg CR: 30mg, 60mg, 90mg XL: 30mg, 60mg, 90mg	--		\$34.55
	Isradipine (Dynacirc)	2.5mg, 5mg	NF		\$2.36
	Nicardipine (Cardene)	20mg, 30mg	NF		\$138.47
	Felodipine (Plendil ER)	2.5mg, 5mg, 10mg	--		\$8.84
	Amlodipine (Norvasc)	2.5mg, 5mg, 10mg	QL	Limited to 1 tablet per day	\$2.98
Calcium Channel Blockers (Non-Dihydropyridine)	Diltiazem IR	IR: 30mg, 60mg, 90mg, 120mg	--		\$14.14
	Diltiazem 24 hour ER capsules	Cardizem CD 120mg, 180mg, 240mg, 300mg, 360mg Cartia XT: 120mg, 180mg, 240mg, 300mg Dilacor XR:	--		\$26.09

Calcium Channel Blockers (Non-Dihydropyridine)		120mg, 180mg, 240mg Taztia XT: 120mg, 180mg, 240mg, 300mg, 360mg Tiazac: 120mg, 180mg, 240mg, 300mg, 420mg		Taztia XT 360 mg =NF; Alternative = Taztia XT 180mg: 2 capsules	
	Diltiazem 24 hour ER tablets	Cardizem LA: 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; Matzim LA: 180mg, 240mg, 300mg, 360mg, 420mg	NF	Alternative= Diltiazem 24 hour capsules : Cardizem CD, Cartia XT, Dilacor XR, Taztia XT, Tiazac	\$79.03
	Diltiazem (12 hr ER)	12 hr ER capsules: 60mg, 90 mg, 120mg	NF	Alternative = Diltiazem 24 hour capsules: Diltiazem 24 hour capsules : Cardizem CD, Cartia XT, Dilacor XR, Taztia XT, Tiazac	\$102.94
	Verapamil (IR, ER, PM, SR)	IR: 40mg, 80mg, 120mg ER: 120mg, 180mg, 240mg, 360mg PM: 100mg, 200mg, 300mg SR: 120mg, 180mg, 240mg	--		\$25.60
Selective Beta-Blockers	Nebivolol (Bystolic)	2.5mg, 5mg, 10mg, 20mg	PA; QL	Reserved for intolerance or treatment failure of Metoprolol and Carvedilol. Restricted to 1 tablet per day.	\$129.36
	Betaxolol (Kerlone)	10mg, 20mg	NF		\$175.61
	Metoprolol Succinate or Tartrate (Toprol XL or Lopressor)	Metoprolol Succinate (ER): 25mg, 50mg, 100mg, 200mg Metoprolol Tartrate: 25mg, 50mg, 100mg	--		\$18.99 (ER) \$3.37 (IR)
	Atenolol (Tenormin)	25mg, 50mg 100mg	--		\$3.61
	Bisoprolol Fumarate (Zebeta)	5mg, 10mg	--		\$21.10
Non-Selective Beta-Blockers	Carvedilol (Coreg)	3.125mg, 6.25mg, 12.5mg, 25mg	QL	(3.125mg = 2 per day, 6.25mg = 2 per day, 12.5mg = 2 per day, 25 mg = 4 per day)	\$3.83
	Propranolol (IR or XL)	IR: 10mg, 20mg, 40mg, 60mg, 80mg ER: 60mg, 80mg, 120mg, 160mg Oral Soln: 20mg/5mL 40mg/5mL	--		\$14.97 (IR) \$53.48 (ER)
	Pindolol (Visken)	5mg, 10mg	--		\$46.05
	Labetalol (Trandate)	100mg, 200mg, 300mg	--		\$30.30
	Timolol (Blocadren)	5mg, 10mg, 20mg	--		\$47.43
	Nadolol (Corgard)	20mg, 40mg, 80mg	--		\$59.33
	Alpha2-Adrenergic Agonist	Clonidine (IR)	IR: 0.1mg, 0.2mg, 0.3mg	--	
Clonidine 24 Hr Patch		0.1mg/24Hr , 0.2mg/24hr, 0.3mg/24hr	PA, QL	Reserved for documented inability to take medications by mouth	\$159.56

	Methyldopa (Aldomet)	250mg, 500mg	--		\$19.30
	Guanfacine (Tenex)	1mg, 2mg	--		\$10.50
Vasodilator	Hydralazine	10mg, 25mg 50mg, 100mg	--		\$12.56
	Minoxidil	2.5mg, 10mg	--		\$23.36
Alpha <sub>1</sub> Blocker	Doxazosin (Cardura)	IR: 1mg, 2mg 4mg, 8mg	--		\$22.03
	Doxazosin XL (Cardura XL)	XL: 4mg, 8mg	NF		\$206.70
	Prazosin (Minipress)	1mg, 2mg, 5mg	--		\$32.39
	Terazosin (Hytrin)	1mg, 2mg, 5mg, 10mg	--		\$6.83
Antihypertensive Combinations	Valsartan/ Hydrochlorothiazide (Diovan HCT)	80mg/12.5mg, 160mg/25mg, 160mg/12.5mg 320mg/25mg, 320mg/12.5mg	PA	Reserved for heart failure patients intolerant of ACE inhibitors.	\$33.06
	Losartan/ Hydrochlorothiazide (Hyzaar)	50mg/12.5mg, 100mg/12.5mg, 100mg/25mg	--		\$7.59
	Irbesartan/ Hydrochlorothiazide (Avalide)	150mg/12.5mg, 300mg/12.5mg, 300mg/25mg	--	Step therapy to treatment failure of Losartan 100mg per day in the past 90 days. Restricted to 1 tablet per day	\$17.03
	Benazepril/ Hydrochlorothiazide (Lotensin HCT)	5mg/6.25mg, 10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	--		\$37.33
	Enalapril/ Hydrochlorothiazide (Vaseretic)	5mg/12.5mg, 10mg/25mg	--		\$11.12
	Captopril/ Hydrochlorothiazide (Capozide)	25mg/15mg, 25mg/25mg, 50mg/15mg, 50mg/25mg	NF		\$128.87
	Lisinopril/ Hydrochlorothiazide (Zestoretic)	10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	--		\$6.12
	Atenolol/ Chlorthalidone (Tenoretic)	50mg/25mg, 100mg/25mg	--		\$9.00
	Spirolactone/ Hydrochlorothiazide (Aldactazide)	25mg/25mg, 50mg/50mg	--		\$29.86
	Triamterene/ Hydrochlorothiazide (Dyazide)	37.5mg/25mg, 50mg/25mg, 75mg/25mg	--		\$11.14
	Methyldopa/ Hydrochlorothiazide (Adoril)	250mg/15mg, 250mg/25mg	--		\$59.12*
	Olmesartan/ Hydrochlorothiazide (Benicar HCT)	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	ST, QL	Step therapy to treatment failure of Losartan 100mg in the past 90 days. Restricted to 1 tablet per day.	--
	Telmisartan/ Hydrochlorothiazide (Micardis HCT)	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	NF		\$105.70
	Temisartan/ Amlodipine (Twynta)	40mg/5mg, 40mg/10mg, 80mg/5mg, 80mg/10mg	NF		--
	Azilsartan/ Chlorthalidone (Edarbyclor)	40mg/12.5mg, 40mg.25mg	NF		--
	Olmesartan/Amlodipine/HCTZ (Tribenzor)	20mg/5mg/12.5mg, 40mg/5mg/12.5mg,	NF	Alternative: Olmesartan/HCTZ + Amlodipine	\$138.49

		40mg/5mg/25mg, 40mg/10mg/12.5mg, 40mg/10mg/25mg			
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F = Formulary, ST = Step therapy, PA = Prior Authorization required.

**Table 2: Formulary Blood Pressure Increasing Agents:**

Class	Drug	Available Strengths	Form. Status	Restriction (Blank = No restriction)	Cost Per Rx
Alpha-Agonist	Midodrine (ProAmatine)	2.5mg, 5mg, 10mg	PA; QL	Reserved for symptomatic orthostatic hypotension in patients with documented autonomic failure.	\$76.59

PA = Prior Authorization required. QL = Quantity Limit;

**Clinical Justification:**

HPSJ formulary restrictions for blood pressure medications are limited, and this has not changed with the JNC8 or ACC/AHA treatment guidelines. Most restrictions are quantity limitations, which are in place to encourage dose consolidation. Dose consolidation reduces pill burden and improves patient adherence. First-line agents include thiazides (Chlorthalidone preferred), Ace Inhibitors (ACEI), Angiotensin Receptor Blockers (ARBs), and Calcium Channel Blockers (CCB).<sup>3</sup>

**Blood Pressure Staging Comparison Chart**

BLOOD PRESSURE (mmHg)	2014 JNC-8	2017 ACC/AHA
<120/80	Normal	Normal
120-129/<80	Pre-HTN	Elevated BP
130-139/80-89	Pre-HTN	Stage 1 HTN
140-159/90-99	Stage 1 HTN	Stage 2 HTN
>160/≥100	Stage 2 HTN	Stage 2 HTN

**Triage:**

- **Appropriate diagnosis**
- **Blood Pressure medications tried**
- **History blood pressure medication intolerances.**

**Resistant Hypertension**

- Defined as an average BP 130/80 mmHg or higher with adherence to 3 or more antihypertensive agents from different classes at optimal doses, including a diuretic, or in those requiring 4 or ore antihypertensive medications. <sup>6</sup>
- Treatment includes maximization of diuretic therapy (chlorthalidone or indapamide instead of HCTZ)
- Addition of mineralcorticoid receptor antagonist (spironolactone)
- Addition of other agents with different mechanisms of actions

**Aliskiren (Tekturna)**

- New class known as oral renin inhibitors approved in 2007 and it blocks the action of renin at the top of the renin-angiotensin-system cascade (RAAS).
- The RAAS regulates blood pressure and fluid balance. ACEIs, ARBS, and aldosterone antagonists inhibit different parts of the RAAS.
- Reduces blood pressure similar to a low dose ace inhibitor or angiotensin receptor blocker.

- In 2012, the FDA issued a warning of possible risks when combining Tekturna with ACEIs and ARBS in patients with diabetes or renal impairment. These combinations are contraindicated in patients with diabetes and warning to avoid these combinations in patients with renal impairment.

## **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 HPSJ Medical Review Guidelines (UM06).

### **Thiazide Diuretics**

#### ***Hydrochlorothiazide, Metolazone***

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

#### ***Chlorthalidone***

- Coverage Criteria:** None
- Limits:** 30 tablets per 30 days.
- Required Information for Approval:** N/A

### **Loop Diuretics**

#### ***Torsemide (Demadox), Furosemide (Lasix), Bumetanide (Bumex)***

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Bumetanide 2mg: Alternative = Bumetanide 1mg

#### ***Ethacrynic Acid (Edecrin)***

- Coverage Criteria:** Restricted to patients with documented sulfa allergy or treatment failure of furosemide, torsemide, bumetanide.
- Limits:** None
- Required Information for Approval:** Chart notes documenting treatment failure of alternative diuretics or documented sulfa allergy including reaction type and severity.

### **Carbonic Anhydrase Inhibitors**

#### ***Acetazolamide, Methazolamide***

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

### **Potassium Sparing Diuretics**

#### ***Spirolactone, Triamterene***

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

### Angiotensin Converting Enzyme Inhibitors

#### *Lisinopril, Enalapril, Quinapril, Ramipril, Benazepril*

- Coverage Criteria:** None
- Limits:**
  - Ramipril 1.25mg- Limited to 1 capsule per day.
  - Ramipril 2.5mg- Limited to 1 capsule per day.
  - Ramipril 5mg- Limited to 1 capsule per day
  - Ramipril 10mg- Limited to 2 capsules per day.
- Required Information for Approval:** N/A
- Non-Formulary:** Captopril, Fosinopril Moexipril, Perindopril, Trandolapril

### Angiotensin Receptor Blockers

#### *Losartan (Cozaar)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Telmisartan, Eprosartan, Azilsartan

#### *Irbesartan (Avapro)*

- Coverage Criteria:** Step therapy to treatment failure of Losartan 100mg per day in the last 90 days.
- Limits:** Limited to 1 tablet per day
- Required Information for Approval:** Fill history of Losartan 100mg in the last 90 days.

#### *Olmesartan (Benicar)*

- Coverage Criteria:** Step therapy to treatment failure of Losartan 100mg per day in the last 90 days.
- Limits:**
  - 5mg tablets –Limited to 2 tablets per day.
  - 20mg, 40mg tablets: Limited to 1 tablet per day
- Required Information for Approval:** Fill history of Losartan 100mg in the last 90 days.

#### *Valsartan (Diovan)*

- Coverage Criteria:** Valsartan is reserved for patients with Congestive Heart Failure (CHF) who are intolerant to one formulary ACE inhibitor, such as lisinopril, benazepril or enalapril.
- Limits:** None
- Required Information for Approval:** Chart notes documenting a diagnosis of Congestive Heart Failure, and chart notes and pharmacy fill history documenting an intolerance or adverse reaction to a formulary first line ACE inhibitor.

### Calcium Channel Blocker

#### *Nifedipine, Felodipine, Amlodipine*

- Coverage Criteria:** None
- Limits:**
  - Amlodipine 2.5mg- Limited to 1 tablet per day.
  - Amlodipine 5mg- Limited to 1 tablet per day.
  - Amlodipine 10mg- Limited to 1 tablet per day.
- Required Information for Approval:** N/A

#### *Diltiazem Immediate Release, Verapamil (All Formulations)*

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

***Diltiazem Extended Release (Cardizem CD, Cartia XT, Dilacor XR, Taztia XT, Tiazac)***

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:**
  - Cardizem LA tablets: 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
  - Matzim LA tablets: 180mg, 240mg, 300mg, 360mg, 420mg
  - Diltiazem 12-hour SR capsules: 60mg, 90mg, 120mg
  - Taztia XT 360mg capsules: Alternative = Taztia XT 180mg: 2 capsules (360mg)

**Beta-Blockers**

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

- 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

***Carvedilol (Coreg)***

- Coverage Criteria:** None
- Limits:**
  - Carvedilol 3.125mg- Limited to 2 tablets per day
  - Carvedilol 6.25mg- Limited to 2 tablets per day
  - Carvedilol 12.5mg- Limited to 2 tablets per day
  - Carvedilol 25 mg – Limited to 4 tablets per day
- Required Information for Approval:** N/A

**Alpha-Blockers**

***Clonidine, Methyldopa, Guanfacine***

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

***Clonidine Patch***

- Coverage Criteria:** Reserved for documented inability to take medications by mouth.
- Limits:** 4 patches per 28 days
- Required Information for Approval:** Chart notes documenting an inability to swallow.



## Antihypertensive Combinations

*Losartan/Hydrochlorothiazide (Hyzaar), Benazepril/Hydrochlorothiazide (Lotensin HCT), Enalapril/Hydrochlorothiazide (Vaseretic), Lisinopril/Hydrochlorothiazide (Zestoretic), Atenolol/Chlorthalidone (Tenoretic), Spironolactone/Hydrochlorothiazide (Aldactazide), Triamterene/Hydrochlorothiazide (Dyazide), Methyldopa/Hydrochlorothiazide (Adoril)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Captopril-HCTZ, Telmisartan-HCTZ, Olmesartan-HCTZ-Amlodipine (Tribenzor)

### *Valsartan/Hydrochlorothiazide (Diovan HCT)*

- Coverage Criteria:** Valsartan is reserved for patients with Congestive Heart Failure (CHF) who are intolerant to one formulary ACE inhibitor, such as lisinopril, benazepril or enalapril.
- Limits:** None
- Required Information for Approval:** Chart notes documenting a diagnosis of Congestive Heart Failure, and chart notes and pharmacy fill history documenting an intolerance or adverse reaction to a formulary first line ACE inhibitor.

### *Irbesartan/Hydrochlorothiazide (Avalide)*

- Coverage Criteria:** Step therapy to treatment failure of Losartan 100mg per day in the last 90 days.
- Limits:** Restricted to 1 tablet per day
- Required Information for Approval:** Fill history of Losartan 100mg in the last 90 days.

### *Olmesartan/Hydrochlorothiazide (Benicar HCT)*

- Coverage Criteria:** Step therapy to treatment failure of Losartan 100mg per day in the last 90 days.
- Limits:** Restricted to 1 tablet per day
- Required Information for Approval:** Fill history of Losartan 100mg in the last 90 days.

## **REFERENCES**

1. Heart Disease and Stroke Statistic-2018 Update: A Report from the American Heart Association 2018 Jan 31; *Circulation*; 137:e67-e492.
2. James PA; Oparil S; Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) *JAMA*. 2014; 311(5):507-520. doi:10.1001/jama.2013.284427
3. Whelton PK, Carey Rm, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2018; 71e 127-e248.
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6. Gradman AH, et al. Combination Therapy in Hypertension. *J Am Soc Hypertension* 2010; 4:42-50.
7. Carney RM, et al. Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: Synopsis of the 2017 American College/American Heart Association Hypertension Guideline. *Ann Intern Med*. 2018; 168:351-358.

## **REVIEW & EDIT HISTORY**

<b>Document Changes</b>	<b>Reference</b>	<b>Date</b>	<b>P&amp;T Chairman</b>
Creation of Policy	Potential Generics 2007 and 2008.doc	5/2007	Allen Shek PharmD BCPS
Update to Policy	ACE and ARB 2-08.doc	2/2008	Allen Shek PharmD BCPS
Update to Policy	<u>Bystolic_Monograph_2013-2-19.docx</u>	2/2013	Allen Shek PharmD BCPS
Update to Policy	Monograph - Cardiovascular - Midodrine 2015-09.docx; Formulary Realignment 09-23-2015.xlsx	9/2015	Jonathan Szkotak, PharmD BCACP
Update to Policy	HPSJ Coverage Policy – Cardiovascular – Hypertension 2015-09.docx	9/2015	Jonathan Szkotak, PharmD BCACP
Update to Policy	HPSJ Coverage Policy – Cardiovascular – Blood Pressure 2017-05.docx	5/2017	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Cardiovascular – Blood Pressure 2018-09.docx	9/2018	Johnathan Yeh, PharmD

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