

MEDICATION COVERAGE POLICY



PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY:	Blood Pressure/Congestive Heart Failure/Chest Pain	P&T DATE:	2/9/2021
THERAPEUTIC CLASS:	Cardiovascular Disorders	REVIEW HISTORY: (MONTH/YEAR)	2/20, 2/19, 9/18, 9/17, 5/17, 9/15, 2/13, 2/08, 5/07
LOB AFFECTED:	MCL		

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.¹ 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.

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.

Table 1: Formulary CHF, Angina, and 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
	Spirolactone (Aldactone)	25mg, 50mg, 100mg	--		\$9.95

Potassium Sparing Diuretics	Amiloride (Midamor)	5mg	--		\$29.23
	Eplerenone (Inspra)	25mg, 50mg	NF		\$114.28
	Triamterene (Dyrenium)	50mg, 100mg	--		\$298.78
Angiotensin Converting Enzyme Inhibitors (ACEi)	Captopril (Capoten)	12.5mg, 25mg, 50mg, 100mg	NF		\$44.24
	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		--
Angiotensin Receptor Blockers (ARB)	Benazepril (Lotensin)	5mg, 10mg, 20mg, 40mg	--		\$4.48
	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
Angiotensin Receptor Blocker; Nephilysin Inhibitor (ARNI)	Valsartan (Diovan)	40mg, 80mg, 160mg, 320mg	PA	Reserved for heart failure patients intolerant of ACE inhibitors.	\$25.33
	Sacubitril/Valsartan (Entresto)	24mg/26mg, 49mg/51mg, 97mg/103mg	PA	See Coverage Criteria	\$465.52
Cardiac Glycoside	Digoxin (Digitex, Digox, Lanoxin)	0.125mg, 0.25mg 0.05mg/ml	--		\$29.27
Hyperpolarization-activated cyclic nucleotide-gated channel blockers (HCN)	Ivabradine (Corlanor)	5mg, 7.5mg	PA	Reserved for patients with LVEF<35%, NYHA Stage II-IV, Resting HR>70 bpm, use of dose-optimized beta blocker, ACEI/ARB, and aldosterone antagonist.	\$424.11
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
	Isradapine (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: 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	\$26.09
Calcium Channel Blockers (Non-Dihydropyridine)	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
	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
Selective Beta-Blockers	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
Alpha ₂ -Adrenergic Agonist	Clonidine (IR)	IR: 0.1mg, 0.2mg, 0.3mg	--		\$5.03
	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
	Isosorbide Dinitrate capsules (Dilatrate SR)	40mg	NF	Alternative: Isosorbide Dinitrate ER tablets	\$146.14
	Isosorbide Dinitrate Tablets (ER)	40mg	--		\$27.74
	Isosorbide Dinitrate (Isordil)	5mg, 10mg, 20mg, 30mg, 40mg	--		\$26.14
	Isosorbide Mononitrate (IR)	10mg, 20mg	--		\$17.41
	Isosorbide Mononitrate (ER)	30mg, 60mg, 120mg	--		\$7.03
	Isosorbide Dinitrate/ Hydralazine (Bidil)	20mg/37.5mg	NF		--
	Nitroglycerin sublingual tablets (Nitrostat)	0.3mg, 0.4mg, 0.6mg	--		\$23.83
	Nitroglycerin capsules ER (Nitro-Time)	2.5mg, 6.5mg, 9mg	--		\$16.21
	Nitroglycerin ointment (Nitro-Bid)	2%	--		\$60.50
	Nitroglycerin Patch (Nitro-Dur)	0.1mg/hr, 0.2mg/hr, 0.3mg/hr, 0.4mg/hr, 0.6mg/hr, 0.8mg/hr	--		\$17.63
	Nitroglycerin lingual spray (Nitrolingual)	0.4mg/spray	NF		\$489.99
	Nitroglycerin lingual aerosol (Nitromist)	0.4mg/spray	NF		--
	Nitroglycerin sublingual powder (GoNitro)	400 mcg/packet	NF		--

Miscellaneous Agents	Ranolazine (Ranexa)	500mg, 1000mg	PA	Reserved for treatment failure of 3 formulary alternatives, including Beta-Blockers, Calcium Channel Blockers, and Long-Acting Nitrates	\$395.30
Alpha ₁ 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
	Spironolactone/ 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, 40mg/5mg/25mg, 40mg/10mg/12.5mg, 40mg/10mg/25mg	NF	Alternative: Olmesartan/HCTZ + Amlodipine	\$138.49
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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 (Hypertension):

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).³

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. ⁶
- 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.

Clinical Justification (Congestive Heart Failure):

Current Guidelines on heart failure recommends therapy initiation and optimal dose utilization with ACEI or ARB, and Beta Blockers. Diuretics are used for symptomatic relief and along with beta blockers in patient with history of fluid retention. Only 3 beta blockers, Bisoprolol, metoprolol succinate, and carvedilol, have been shown to reduce risk of death in heart failure. Aldosterone Antagonists are strongly recommended in patients who are already on ACEI or ARB and Beta Blockers to reduce morbidity and mortality, unless contraindicated.¹⁴

Hydralazine and Isosrbide Dinitrate combination is recommended in African American patients with NYHA class III-IV HFrEF who are on optimal therapy with ACEI, Beta Blockers, and Aldosterone Antagonist therapy who remain symptomatic.

Ivabradine and Sacubitril/Valsartan are two new agents, which add new mechanisms of action used to reduce poor outcomes in patients with CHF. When considering use of these novel agents, it is important to remember the fundamental treatment options for the condition, such as Beta-Blockers, and ACE inhibitors—which have proven mortality benefits over many patient-years of use.

Use of Ivabradine and Sacubitril/Valsartan should be considered in a very select patient population. Potentially eligible patients will have tried standard therapy and have failed, or have maximized the available benefit from conventional agents. 2017 ACC/AHA/HFSA guideline lists these agents under step 3 of the treatment process after optimizing therapy with ACEI or ARB **AND** Beta Blockers along with diuretics.¹¹

Triage:

- ***Provider Specialty***
- ***Current CHF drugs***
- ***Resting Heart Rate***

Clinical Justification (Angina):

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.

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 (Demdex), 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/Aldosterone Antagonist

Spironolactone, Triamterene, Amiloride

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Eplerenone (Inspra)

Vasodilators

Hydralazine (Apresoline), Isosorbide Mononitrate IR/ER (Imdur), Isosorbide Dinitrate IR/ER (Isordil Titradoso, Dilatrate-SR))

Hydralazine, Isosorbide Dinitrate, Isosorbide Mononitrate

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Note:** Hydralazine and Isosorbide are on HPSJ formulary with no restrictions. Hydralazine and Isosorbide **COMBINATION** is indicated in heart failure in Black patients
- Non-Formulary:** BiDil, Dilatrate SR 40mg

Vasodilators (Nitroglycerin)

Nitrates: Nitroglycerin SL tablets (Nitrostat), Nitroglycerin ER capsules (Nitro-Time), Nitroglycerin ointment (Nitro-Bid), Nitroglycerin Patch (Nitro-Dur)

Oral Nitroglycerin (IR/ER Formulations), Sublingual Tablets, Transdermal,

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

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.

Digitalis

Digoxin (Digitek, Digox, Lanoxin)

Digoxin:

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** None

Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Blockers

Ivabradine (Corlanor)

Ivabradine:

- Coverage Criteria:** Corlanor is restricted to patients with LVEF<35%, NYHA Stage II-IV, resting HR > 70bpm, and history of compliant use or contraindication to use of optimized dose of beta blocker, ACEI/ARB, and aldosterone antagonist
- Limits:** None
- Required Information for Approval:**
 - o Echocardiogram, documentation of the patient's resting heart rate, NYHA Stage, and evidence of compliance to beta blockers, ACEI/ARB, and aldosterone antagonist.

Angiotensin Converting Enzyme Inhibitors

Lisinopril, Enalapril, Quinapril, Ramipril, Benazepril

- Coverage Criteria:** None
- Limits:**
 - o Ramipril 1.25mg- Limited to 1 capsule per day.
 - o Ramipril 2.5mg- Limited to 1 capsule per day.
 - o Ramipril 5mg- Limited to 1 capsule per day
 - o 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:**
 - o 5mg tablets –Limited to 2 tablets per day.
 - o 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.

ARNIs (Angiotensin Receptor Antagonist/Neprilysin Inhibitor)
<i>Sacubitril/Valsartan (Entresto)</i>

Sacubitril/Valsartan:

- Coverage Criteria:** Entresto is restricted to patients who meet ALL of the following criteria:
 - o LVEF ≤ 40%
 - o Currently on dose optimized or maximum tolerated doses of all of the following:
 - i. Beta blockers,
 - ii. ACE-I or ARB, and
 - iii. Aldosterone antagonist
 - o An ARB must be tried if an ACE-I cannot be tolerated due to cough.
- Limits:** 2 tablets per day
- Required Information for Approval:**
 - o Echocardiogram, evidence of compliance to beta blockers and ACEI/ARB, and aldosterone antagonist.

Calcium Channel Blocker

Nifedipine, Felodipine, Amlodipine

- Coverage Criteria:** None
- Limits:**
 - o Amlodipine 2.5mg- Limited to 1 tablet per day.
 - o Amlodipine 5mg- Limited to 1 tablet per day.
 - o 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:**
 - o Cardizem LA tablets: 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
 - o Matzim LA tablets: 180mg, 240mg, 300mg, 360mg, 420mg
 - o 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.

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REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
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	Bystolic_Monograph_2013-2-19.docx	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
Update to and Merging of Blood Pressure, CHF, and Angina Policies	HPSJ Coverage Policy – Cardiovascular – Diseases- Blood Pressure – Congestive Heart Failure - Angina 2019-02.docx	2/2019	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy – Cardiovascular – Diseases- Blood Pressure – Congestive Heart Failure - Angina 2020-02.docx	2/2020	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy – Cardiovascular – Diseases- Blood Pressure – Congestive Heart Failure - Angina 2021-02.docx	2/2021	Matthew Garrett, PharmD

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