

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Qbrelis (lisinopril oral solution) Epaned (enalapril oral solution)
<b>POLICY #</b>	13121
<b>INDICATIONS</b>	<p>Qbrelis and Epaned are angiotensin-converting enzyme (ACE) inhibitors indicated for:</p> <p style="padding-left: 40px;">the treatment of hypertension in adults and pediatric patients adjunct therapy for heart failure</p> <p>Qbrelis is also indicated for the treatment of acute myocardial infarction.</p>
<b>CRITERIA</b>	<p>ConnectiCare considers <b>Qbrelis and Epaned</b> to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Patient has a diagnosis of one of the above indications, AND</li> <li>• Patient is unable to swallow, has dysphagia, esophagitis, mucositis, or uncontrollable nausea/vomiting.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Patient has had an intolerance to, or treatment failure of, two other ACE Inhibitors</li> </ul>
<b>REFERENCES</b>	<ol style="list-style-type: none"> <li>1. Qbrelis Full Prescribing Information, Greenwood Village, CO, Silvergate Pharmaceuticals</li> <li>2. Epaned [prescribing information]. Greenwood Village, CO: Silvergate Pharmaceuticals, Inc.; 2017</li> </ol>
<b>P&amp;T REVIEW HISTORY</b>	11/16, 2/17, 8/17, 7/18
<b>REVISION RECORD</b>	2/17