

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Antihypertensive Oral Solution

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
CaroSpir (spironolactone oral suspension) Epaned (enalapril oral solution) Qbrelis (lisinopril oral solution)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for antihypertensive oral solutions and suspensions may be approved if the following criteria is met:

- I. Individual is unable to swallow the oral tablet dose form due to a clinical condition including but not limited to the following:
  - A. Dysphagia; **OR**
  - B. Individual's age.

### Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 10, 2020.
2. Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2020. Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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New Program Date 05/09/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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