Clinical Policy: Angiotensin Modulator Combinations

Reference Number: PHW.PDL.017
Effective Date: 01/01/2020
Last Review Date: 11/2022

Revision Log

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health and Wellness® that Angiotensin Modulator Combinations are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Angiotensin Modulator Combinations

A. Prescriptions That Require Prior Authorization

Prescriptions for Angiotensin Modulator Combinations that meet any of the following conditions must be prior authorized:

1. A non-preferred Angiotensin Modulator Combination drug.

2. An Angiotensin Modulator Combination drug with a prescribed quantity that exceeds the quantity limit.

3. An agent that contains an angiotensin converting enzyme (ACE) inhibitor when there is a record of a recent paid clam for another agent that contains an ACE inhibitor or an angiotensin receptor blocker (ARB) (therapeutic duplication).

4. An agent that contains an angiotensin receptor blocker (ARB) when there is a record of a recent paid clam for another agent that contains an angiotensin converting enzyme (ACE) inhibitor or an ARB (therapeutic duplication).

5. An agent that contains a calcium channel blocker when there is a record of a recent paid clam for another agent that contains a calcium channel blocker (therapeutic duplication).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Angiotensin Modulator Combination drug, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For a non-preferred Angiotensin Modulator Combination, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Angiotensin Modulator Combinations;

AND

2. For therapeutic duplication, one of the following:
   a. For an ACE inhibitor, is being transitioned to another ACE inhibitor or ARB with the intent of discontinuing one of the medications;
   b. For an ARB, is being transitioned to another ACE inhibitor or ARB with the intent of discontinuing one of the medications;
   c. For a calcium channel blocker, is being transitioned to another calcium channel blocker intent of discontinuing one of the medications;
   d. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed medical literature or national treatment guidelines;

AND

3. If a prescription for an Angiotensin Modulator Combination is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override

   NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Angiotensin Modulator Combination drug. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. **Approval Duration: 12 months**

E. References

1. Amturnide package insert. Novartis Pharmaceuticals Corporation, East Hanover, NJ. March 2012.
2. http://www.fda.gov/drugs/drugsafety/ucm300889.htm, accessed May 2012.
3. Tekamlo package insert. Novartis Pharmaceuticals Corporation, East Hanover, NJ. March 2012.
4. Valturna package insert. Novartis Pharmaceuticals Corporation, East Hanover, NJ. April 2012.

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q3 2022: Updated wording per DHS	08/2022
Q1 2023: Updated wording per DHS	11/2022
Q1 2024 annual review: no changes.	11/2023