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| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
| Original Development Date: Original Effective Date: Revision Date: | February 6, 2014 November 4, 2015, August 7, 2017, January 24, 2024, March 18, 2025 |

EPANED® (enalapril) oral solution

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must have a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction.
- Patient must be one month to eleven years of age.
- **Patient has documented trial and failure on the preferred alternative (e.g., enalapril oral solution).**
- If the patient is 12 or older, medical records must indicate a history of difficulty swallowing (dysphagia), or a medical condition that is characterized by difficulty or inability to swallow.

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 1mg/ml ready to use oral solution.