



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 6, 2014 November 4, 2015, August 7, 2017

EPANED® (enalapril) Oral Solution

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

1. Patient must have a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction.
2. Patient must be one month to eleven years of age.
3. 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.

DOSING AND ADMINISTRATION:

Hypertension

- Adult: initial dose is 5 mg once daily (maximum of 40 mg/day)
- Pediatrics: starting dose is 0.08 mg/kg (up to 5 mg) once daily.

Heart Failure

- Initiate at 2.5mg twice daily (titrate up to 20mg twice daily as tolerated)

Asymptomatic Left Ventricular Dysfunction:

- Initiate at 2.5mg twice daily (titrate up to 10mg twice daily as tolerated)

Dosage form: 1mg/ml ready to use solution; each bottle contains 150 mLs.