



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

EPANED[®] (enalapril powder for oral solution)
[Prior Authorization Request Form](#)

EPANED is powder formulation of the angiotensin-converting enzyme inhibitor enalapril and is indicated for the treatment of adults and children one 1 month of age or older, who have been diagnosed with hypertension, symptomatic heart failure and asymptomatic left ventricular dysfunction (to decrease the rate of development of overt heart failure and reduce hospitalization for heart failure).

Criteria for Approval

- 1) Diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction; **AND EITHER of the following:**
- 2) Patient is less than seven (7) years of age; **OR**
- 3) Patient is unable to ingest a solid dosage form (eg. an oral tablet or capsule) due to documented oral-motor difficulties or dysphagia.

References

- 1) Epaned package insert revised 9/2014
- 2) Lexi-Comp Clinical Application 02/12/2015