

Clinical Policy: ACEI and ARB Duplicate Therapy

Reference Number: CP.PMN.61

Effective Date: 08.01.14

Last Review Date: 05.22

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) act on the renin-angiotensin system. Concurrent use of an ACEI and an ARB is considered duplicate therapy.

FDA Approved Indication(s)

Most ACEIs and ARBs are indicated for the treatment of hypertension and heart failure. Some are also indicated for diabetic nephropathy, myocardial infarction prophylaxis, proteinuria, reduction of cardiovascular mortality, and stroke prophylaxis.

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 health plans affiliated with Centene Corporation[®] that ACEI and ARB duplicate therapy is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. ACEI and ARB Duplicate Therapy (must meet all):

1. Member meets one of the following (a or b):
 - a. Member is currently receiving ACEI and ARB combination therapy for chronic heart failure, has received the combination for at least 30 days, and is responding positively to therapy;
 - b. Member is being titrated to, or tapered from, another ACEI or ARB;
2. Provider documents that member is aware of duplicative therapy;
3. Dose does not exceed the FDA-approved maximum recommended dose for the relevant ACEI and ARB.

Approval duration:

Chronic heart failure – 12 months

Cross-taper – 3 months

B. Other diagnoses/indications: Not applicable

II. Continued Therapy

A. ACEI and ARB Duplicate Therapy (must meet all):

1. Currently receiving ACEI and ARB combination therapy via Centene benefit or member has previously met initial approval criteria;

2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed the FDA-approved maximum recommended dose for the relevant ACEI and ARB.

Approval duration:

Chronic heart failure – 12 months

Cross-taper – 3 months (limited to 6 months total)

B. Other diagnoses/indications: Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ACEI: angiotensin-converting enzyme inhibitor

ARB: angiotensin receptor blocker

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

Not applicable

V. Dosage and Administration

Drug Name	Maximum Dose
<i>ACEIs</i>	
Benazepril (Lotensin [®])	80 mg/day
Captopril (Capoten [®])	450 mg/day
Enalapril (Vasotec [®] , Epaned [®])	40 mg/day
Fosinopril (Monopril [®])	80 mg/day
Lisinopril (Prinivil [®] , Zestril [®] , Qbrelis [®])	80 mg/day
Moexipril (Univasc [®])	30 mg/day
Perindopril (Aceon [®])	16 mg/day
Quinapril (Accupril [®])	80 mg/day
Ramipril (Altace [®])	20 mg/day
Trandolapril (Mavik [®])	8 mg/day
<i>ARBs</i>	
Azilsartan (Edarbi [®])	80 mg/day
Candesartan (Atacand [®])	32 mg/day
Eprosartan (Teveten [®])	900 mg/day
Irbesartan (Avapro [®])	300 mg/day
Losartan (Cozaar [®])	100 mg/day
Olmesartan (Benicar [®])	40 mg/day
Telmisartan (Micardis [®])	80 mg/day
Valsartan (Diovan [®])	320 mg/day
<i>Neprilysin Inhibitor/ARB</i>	
Entresto [®] (sacubitril/valsartan)	194/206 mg/day

VI. Product Availability

Drug Name	Availability
ACEIs	
Benazepril (Lotensin)	Tablet: 5 mg, 10 mg, 20 mg, 40 mg
Captopril (Capoten)	Tablet: 12.5 mg, 25 mg, 50 mg, 100 mg
Enalapril (Vasotec, Epaned)	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg Oral solution: 1 mg/mL
Fosinopril (Monopril)	Tablet: 10 mg, 20 mg, 40 mg
Lisinopril (Prinivil, Zestril, Qbrelis)	Tablet: 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg Oral solution: 1 mg/mL
Moexipril (Univasc)	Tablet: 7.5 mg, 15 mg
Perindopril (Aceon)	Tablet: 2 mg, 4 mg, 8 mg
Quinapril (Accupril)	Tablet: 5 mg, 10 mg, 20 mg, 40 mg
Ramipril (Altace)	Capsule: 1.25 mg, 2.5 mg, 5 mg, 10 mg
Trandolapril (Mavik)	Tablet: 1 mg, 2 mg, 4 mg
ARBs	
Azilsartan (Edarbi)	Tablet: 40 mg, 80 mg
Candesartan (Atacand)	Tablet: 4 mg, 8 mg, 16 mg, 32 mg
Eprosartan (Teveten)	Tablet: 600 mg
Irbesartan (Avapro)	Tablet: 75 mg, 150 mg, 300 mg
Losartan (Cozaar)	Tablet: 25 mg, 50 mg, 100 mg
Olmesartan (Benicar)	Tablet: 5 mg, 20 mg, 40 mg
Telmisartan (Micardis)	Tablet: 20 mg, 40 mg, 80 mg
Valsartan (Diovan)	Tablet: 40 mg, 80 mg, 160 mg, 320 mg
Neprilysin Inhibitor/ARB	
Entresto (sacubitril/valsartan)	Tablet: 24/26 mg, 49/51 mg, 97/103 mg

VII. References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2022. Available at: <http://www.clinicalpharmacology-ip.com/>. Accessed January 31, 2022.
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Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2018 annual review: no significant changes; references reviewed and updated.	02.22.18	05.18
2Q 2019 annual review: no significant changes; references reviewed and updated.	02.05.19	05.19
2Q 2020 annual review: no significant changes; references reviewed and updated.	02.25.20	05.20
2Q 2021 annual review: no significant changes; references reviewed and updated.	02.15.21	05.21
2Q 2022 annual review: no significant changes; references reviewed and updated.	01.31.21	05.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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