

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

## 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.
- 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.