Angiotensin Converting Enzyme-Inhibitors and Angiotensin Converting Enzyme-Inhibitor Combination Drugs

Policy # 00347
Original Effective Date: 03/20/2013
Current Effective Date: 06/10/2024

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider brand name oral angiotensin converting enzyme-inhibitors (ACE-I's) and brand name oral angiotensin converting enzyme-inhibitor combination drugs including, but not limited to, Altace®‡ (ramipril), Accupril®‡ (quinapril), Prinivil®‡ (lisinopril), and Zestoretic®‡ (lisinopril/hydrochlorothiazide) to be **eligible for coverage**** when one of the below patient selection criteria is met:

Patient Selection Criteria

Coverage eligibility will be considered for brand name oral ACE-I's and brand name oral ACE-I combination drugs when one of the following criteria is met:

- The patient has tried and failed a generic oral angiotensin converting enzyme-inhibitor (e.g., lisinopril) or a generic oral angiotensin converting enzyme-inhibitor combination drug (e.g., lisinopril/hydrochlorothiazide); or
- There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name oral ACE-I's and brand name oral ACE-I combination drugs when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary**.******

Angiotensin Converting Enzyme-Inhibitors and Angiotensin Converting Enzyme-Inhibitor Combination Drugs

Policy # 00347
Original Effective Date: 03/20/2013
Current Effective Date: 06/10/2024

Background/Overview

Oral ACE-I's and ACE-I combination drugs are used to treat various indications including hypertension, heart failure, and myocardial infarctions.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The patient selection criteria presented in this policy takes into consideration clinical evidence or patient history that suggests the generically available drugs will be ineffective or cause an adverse reaction to the patient. Based on a review of the data, in the absence of the above mentioned caveat, there is no advantage of using a brand name oral ACE-I or brand name oral ACE-I combination drug over the available generic oral ACE-I's or generic oral ACE-I combination drugs. Generic drugs are considered to have equal bioavailability and efficacy in comparison to brand name drugs.

References

1. Sanders GD, Coeytaux R, Dolor RJ, et al. Angiotensin-converting enzyme inhibitors (ACEIs), angiotensin II receptor antagonists (ARBs), and direct renin inhibitors for treating essential hypertension: an update [internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011 June. Report No.: 11-EHC063-EF.
   Available at http://www.ncbi.nlm.nih. gov/books/NBK61789/pdf/TOC.pdf
2. Hunt SA, Abraham WT, Chin MH, et al. 2009 focused update incorporated into the ACC/AHA 2005 guidelines for the diagnosis and management of heart failure in adults. Circulation. 2009;119:e391-e479.
   Available at http://circ.ahajournals.org/content/119/14/e391.full.pdf
3. American Diabetes Association. Standards of Medical Care in Diabetes - 2012. Diabetes Care. 2012;35(Suppl 1): S11-63.
   Available att http://care.diabetesjournals.org/content/35/Supplement_1/S11.full.pdf+html

4. Antman EM, Anbe DT, Armstrong PW, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction—executive summary. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to revise the 1999 guidelines for the management of patients with acute myocardial infarction). J Am Coll Cardiol. 2004;44 (3):671-719.
5. Antman EM, Hand M, Armstrong PW, et al. 2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association task force on practice guidelines: developed in collaboration with the Canadian Cardiovascular Society endorsed by the American Academy of Family Physicians: 2007 writing group to review new evidence and update the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction, writing on behalf of the 2004 writing committee. Circulation. 2008;117: 296-329. Available at http://circ.ahajournals.org/cgi/reprint/117/2/296
6. Anderson JL, Adams CD, Antman EM, et al. 2011 ACCF/AHA focused update incorporated into the ACC/AHA 2007 guidelines for the management of patients with unstable angina/non ST-elevation myocardial infarction: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2011;123(18):e426-e579.
Available at http://circ.ahajournals.org/cgi/reprint/CIR.0b013e318212bb8bv1

Policy History

Original Effective Date: 03/20/2013
Current Effective Date: 06/10/2024

03/07/2013	Medical Policy Committee review
03/20/2013	Medical Policy Implementation Committee approval. New policy.
03/06/2014	Medical Policy Committee review
03/19/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/07/2015	Medical Policy Committee review
05/20/2015	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/05/2016	Medical Policy Committee review

Angiotensin Converting Enzyme-Inhibitors and Angiotensin Converting Enzyme-Inhibitor Combination Drugs

Policy # 00347
Original Effective Date: 03/20/2013
Current Effective Date: 06/10/2024

05/18/2016	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/04/2017	Medical Policy Committee review
05/17/2017	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/03/2018	Medical Policy Committee review
05/16/2018	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/02/2019	Medical Policy Committee review
05/15/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/07/2020	Medical Policy Committee review
05/13/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/06/2021	Medical Policy Committee review
05/12/2021	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/05/2022	Medical Policy Committee review
05/11/2022	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/04/2023	Medical Policy Committee review
05/10/2023	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/02/2024	Medical Policy Committee review
05/08/2024	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 05/2025

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.