



## POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.084.E*

REVISION DATE: *3/13*

PAGE NUMBER: 1 of 2

**POLICY TITLE:** Formulary Beta-Blocker Step  
**DEPARTMENT:** Clinical Pharmacy Services- Utilization Management  
**ORIGINAL DATE:** April 2008 (as adopted from UPMC Health Plan)

Last P & T Committee Approval Date: February 2018

Product Applicability: mark all applicable products below:

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO <input type="checkbox"/> PPO   Products: <input type="checkbox"/> Small   Exchange: <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO

### PURPOSE

The purpose of this policy is to define the prior authorization process for the beta-blockers, nebivolol (Bystolic), penbutolol (LevatoI), and propranolol XL (Innopran XL).

Nebivolol (Bystolic), Penbutolol (LevatoI), and Propranolol XL (Innopran XL) are  $\beta$ -adrenergic receptor blocking agents indicated for the treatment of hypertension. They may be used alone or in combination with other antihypertensive agents.

### DEFINITIONS

N/A

### POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drugs, nebivolol (Bystolic®), penbutolol (LevatoI®), and propranolol XL (Innopran XL®), are subject to the prior authorization process.



**PROCEDURE**

**Initial Authorization Criteria:**

*Must meet all of the criteria listed under the respective header:*

- The criterion for automatic coverage of Nebivolol (Bystolic), Penbutolol (Levatol), and Propranolol XL (Innopran XL) is as follows:
  - Must have a documented pharmacy claim history of 2 beta-blockers
- For members without a documented claim history of 2 beta-blockers, a medical necessity review is completed, and the following criterion must be met:
  - Must have chart documentation which shows the member had therapeutic failures or adverse reactions to 2 beta-blockers.

**Limitations:**

<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

**REFERENCES**

1. Nebivolol (Bystolic) [package insert]. St. Louis, MO: Forest Pharmaceuticals Inc. December 2007.
2. Penbutolol (Levatol) [package insert]. Milwaukee, WI: Schwarz Pharma. February 2006.
3. Propranolol XL (Innopran XL) [package insert]. Research Triangle Park, NC: GlaxoSmithKline. May 2010.

**RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

**REVIEW HISTORY**

<b>DESCRIPTION OF REVIEW / REVISION</b>	<b>DATE APPROVED</b>
<i>Annual Review</i>	<i>02/17, 02/18</i>

