

# CA-ADAP Formulary Review: CONGESTIVE HEART FAILURE

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MANAGEMENT<sup>SM</sup>

# CA-ADAP Formulary Review: AGENDA

1 Disease Characteristics

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2 Medications

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3 Claims data

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4 Other ADAP formularies

5 Recommendations

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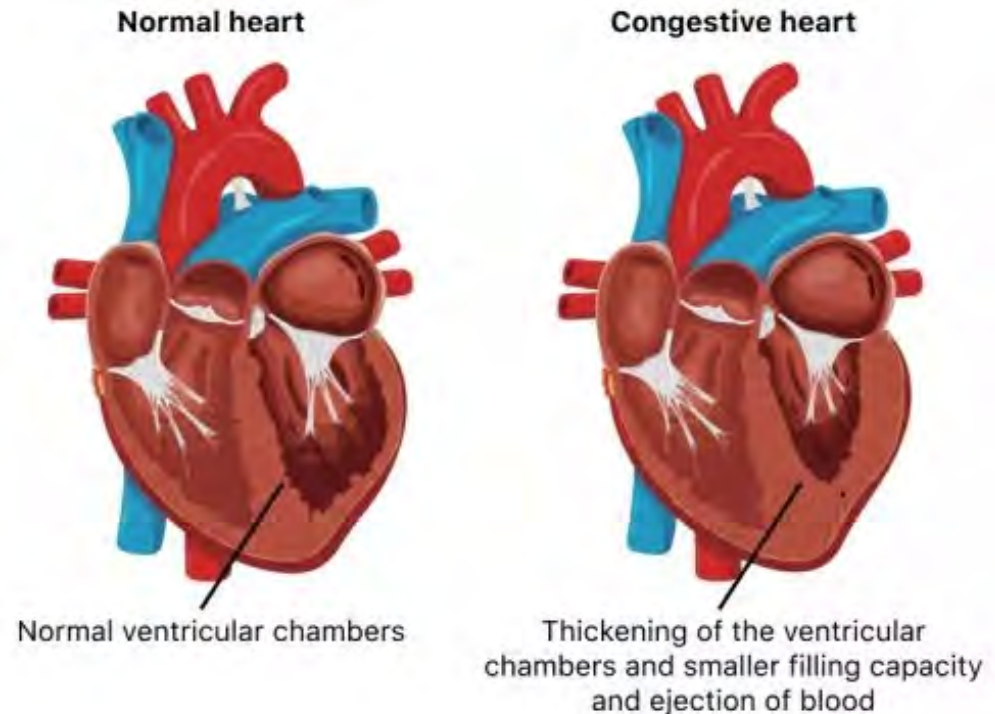


# CONGESTIVE HEART FAILURE (CHF)

# CONGESTIVE HEART FAILURE (CHF)



- Chronic and progressive
- Heart muscle unable to pump enough blood to meet body's needs
- Blood and fluid collect in lungs and legs
- Other organs will eventually be affected, leading to organ failure
- Symptoms:
  - **B**loated stomach
  - **A**rrhythmia/palpitations
  - **D**yspnea
  - **H**ypertension
  - **E**dema
  - **A**ngina
  - **R**espiratory symptoms (cough)
  - **T**iredness/fatigue



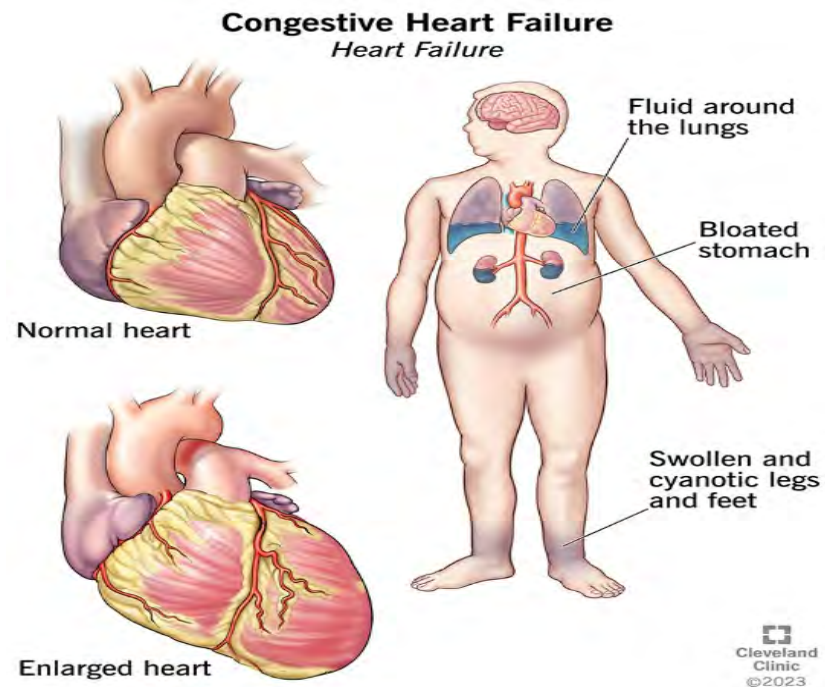
# CHF continued

- Causes of CHF:

- High BP
- CAD
- MI
- Arrhythmia
- Renal disease
- Tobacco/drug use
- BMI>30
- Exercise (sedentary lifestyle)
- An enlarged heart
- Type-2 diabetes

- Can affect left, right, or both sides of the heart:

- Left-sided HF: Systolic and Diastolic
- Right-sided HF
- Biventricular



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# CHF Treatment: ACE-Inhibitors



- Relax blood vessels, ↓ BP and ↑ blood and O2
- ↓ afterload, preload, and systolic wall stress
- Equally effective in mild to moderate HF and in severe cardiac impairment

Agent	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
CAPTOPRIL	2.9%	-	-	-	Y	-	-	• TID dosing
ENALAPRIL	68%	Y	Y	Y	Y	-	-	• BID dosing • Already under review for addition to formulary for HTN
FOSINOPRIL	8.7%	-	-	-	-	-	-	• QD dosing
LISINOPRIL	-	Y	Y	Y	Y	Y	-	• On Formulary
QUINAPRIL	7.2%	-	-	-	Y	-	-	• BID dosing
RAMIPRIL	13%	-	-	-	-	-	-	• BID dosing
TRANDOLAPRIL	0	-	-	-	Y	-	-	• QD dosing

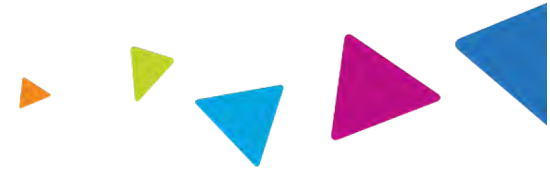
# CHF Treatment: ARBs and ARNIs



- ARBs:
  - Relax blood vessels, ↓ BP and ↑ blood and O<sub>2</sub>
  - ↓ afterload, preload, and systolic wall stress
- *Currently no CHF-approved ARB on formulary*
- ARNIs:
  - Improves artery opening and blood flow
  - Decreases strain on the heart

Agent	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
CANDESARTAN	3%	-	-	-	Y	-	-	• QD dosing
VALSARTAN	43%	-	Y	-	Y	-	-	• BID dosing
VALSARTAN/ SACUBITRIL ( <i>Entresto</i> )	54%	-	-	Y	Y	-	-	• BID dosing

# CHF Treatment: Beta Blockers



- Relax blood vessels, lower BP, slow HR
  - ↓ afterload, preload, and systolic wall stress

Agent	Generic	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
CARVEDILOL	Y	36%	Y	Y	Y	Y	-	-	<ul style="list-style-type: none"> <li>• QD dosing (ER), BID dosing (IR)</li> <li>• Already under review for addition to formulary for HTN</li> </ul>
METOPROLOL SUCCINATE	Y	64%	Y	Y	Y	Y	-	-	<ul style="list-style-type: none"> <li>• QD dosing</li> <li>• Already under review for addition to formulary for HTN</li> </ul>



# CHF Treatment: Diuretics



- Improve cardiac performance and relieve edema

Agent	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
AMILORIDE	4%	-	-	-	Y	-	-	
AMILORIDE/HCTZ	0	-	-	-	-	-	-	
BUMETANIDE	17%	Y	Y	-	Y	-	-	• Loop
CHLOROTHIAZIDE	0	-	-	-	Y	-	-	• Thiazide
CHLORTHALIDONE	-	Y	Y	Y	Y	-	-	• On formulary
ETHACRYNIC ACID	0	-	-	-	-	-	-	• Loop
FUROSEMIDE	-	Y	Y	Y	Y	-	-	• Loop • On formulary
HCTZ	-	Y	Y	Y	Y	Y	-	• Thiazide • On formulary
INDAPAMIDE	11%	-	-	-	Y	-	-	
METOLAZONE	4%	-	-	-	Y	-	-	
SPIRONOLACTONE	-	Y	Y	Y	Y	-	Y	• On formulary
TORSEMIDE	15%	-	Y	-	Y	-	-	• Loop
TRIAMTERENE	47%*	Y*	-	Y*	Y	-	-	

\*in combination with HCTZ

# CHF Treatment: Highlighted Drugs



- Ivabradine (*Corlanor*):
  - ↓ HR
- Eplerenone (*Inspra*):
  - SARA
  - Like spironolactone, but with lower incidence of endocrine ADRs
  - ↓ BP, reduced CV mortality in CHF post-MI
- Vericiguat (*Verquvo*):
  - Relaxes and widens blood vessels, ↑ blood flow

Agent	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
IVABRADINE ( <i>Corlanor</i> )	9%	-	-	Y	-	-	-	<ul style="list-style-type: none"> <li>• BID dosing</li> <li>• Add-on therapy</li> </ul>
EPLERENONE ( <i>Inspra</i> )	86%	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>• QD dosing</li> </ul>
VERICIGUAT ( <i>Verquvo</i> )	5%	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>• QD dosing</li> </ul>

# CHF Treatment: SGLT-2 Inhibitors



- Mild diuretic effect and decrease sodium, resulting in ↓ plasma volume and ↓ BP

Agent	UNIQUE Denials AUG 2022- JUL 2023	AZ	CT	FL	NY	TX	WA	Comments
DAPAGLIFLOZIN ( <i>Farxiga</i> )	98%	-	Y	Y	Y	-	-	<ul style="list-style-type: none"> <li>CHF w/DM2</li> <li>QD dosing</li> </ul>
EMPAGLIFLOZIN ( <i>Jardiance</i> )	-	-	Y	Y	Y			<ul style="list-style-type: none"> <li>On formulary</li> <li>QD dosing</li> </ul>
SOTAGLIFLOZIN ( <i>Inpefa</i> )	0	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>CHF w/DM2</li> <li>QD dosing</li> </ul>
DAPAGLIFLOZIN/ METFORMIN ( <i>Xigduo-XR</i> )	1%	-	Y	Y	Y		-	<ul style="list-style-type: none"> <li>CHF w/DM2</li> <li>QD dosing</li> </ul>

# CHF Treatment: Other Agents



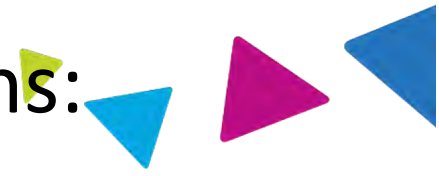
- Digoxin: ↑ force of contraction and cardiac output, ↓ HR
- Hydralazine/ISDN: Approved as adjunct in patients self-identified as black

Agent	AZ	CT	FL	NY	TX	WA	Comments
DIGOXIN	-	Y	Y	Y	-	-	• QD dosing
HYDRALAZINE/ISDN	Y*	-	Y*	Y*	-	-	• TID dosing

\*individual drugs

# Formulary Management Recommendations:

## CHF Treatment



1

ACE-Inhibitors

Consider addition of additional agents to the ADAP formulary.

2

ARBs and ARNIs

Recommend addition of **VALSARTAN** and **VALSARTAN/SACUBITRIL** to the ADAP formulary.

3

Beta-Blockers

Recommend addition of **METOPROLOL SUCCINATE** to the ADAP formulary.

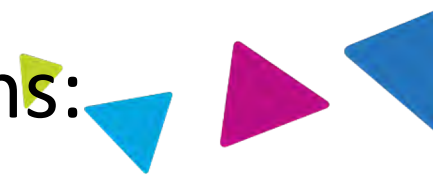
4

Diuretics

No changes recommended/consider addition to formulary.

# Formulary Management Recommendations:

## CHF Treatment cont'd



5

Highlighted Drugs

Consider addition of additional agents to the ADAP formulary.

6

SGLT2-Inhibitors

No changes recommended/consider addition to formulary

7

Other Agents

Recommend addition of **DIGOXIN** and **HYDRALAZINE/ISDN** to the ADAP formulary.

# References



- *Classes and stages of heart failure (2023) www.heart.org*. Available at: <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure> (Accessed: 16 August 2023).
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