

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Carvedilol ER

Products Affected: Carvedilol phosphate extended release oral capsule

Medication Description: Carvedilol phosphate is a nonselective beta-adrenergic blocking agent with alpha-1-blocking activity. It does not have intrinsic sympathomimetic activity. The beta-adrenergic blocking activity of carvedilol decreases cardiac output, exercise- and/or isoproterenol-induced tachycardia, and reflex orthostatic tachycardia. The alpha-1-adrenergic blocking activity of carvedilol blunts the pressor effect of phenylephrine, causes vasodilation, and reduces peripheral vascular resistance. The exact mechanism of the antihypertensive effect produced by beta-adrenergic blockade is not known. The mechanism by which carvedilol produces a beneficial effect in patients with congestive heart failure and left ventricular dysfunction following an acute myocardial infarction is not known.

Covered Uses:

1. Carvedilol ER is indicated for the treatment of Mild-to-severe chronic heart failure of ischemic or cardiomyopathic origin to increase survival and, also, to reduce the risk of hospitalization
2. Left ventricular dysfunction following myocardial infarction in clinically stable patients. Carvedilol ER is indicated to reduce cardiovascular mortality in clinically stable patients who have survived the acute phase of a myocardial infarction and have a left ventricular ejection fraction of less than or equal to 40% (with or without symptomatic heart failure)
3. Carvedilol ER is indicated for the management of Essential hypertension

Exclusion Criteria:

1. Patients with bronchial asthma or related bronchospastic conditions.
2. Patients with second- or third-degree AV block.
3. Patients with sick sinus syndrome.
4. Patients with severe bradycardia (unless a permanent pacemaker is in place).
5. Patients with cardiogenic shock or who have decompensated heart failure requiring the use of intravenous inotropic therapy.
6. Patients with severe hepatic impairment.
7. Patients with a history of a serious hypersensitivity reaction (e.g., Stevens-Johnson syndrome, anaphylactic reaction, angioedema) to carvedilol.

Required Medical Information:

1. Diagnosis
2. Past medication trials

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a cardiologist.

Coverage Duration: 12 months

Other Criteria:

1. Patient has a documented diagnosis of heart failure, hypertension, OR left ventricular dysfunction following a myocardial infarction; AND
2. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of generic immediate-release carvedilol.

References:

1. Product Information: COREG CR^(R) oral extended-release capsules, carvedilol phosphate oral extended-release capsules. GlaxoSmithKline (per DailyMed), Research Triangle Park, NC, 2014.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/15/2019

