

# Drug and Biologic Coverage Policy



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## Thalitone

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### Related Coverage Resources

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### Overview

This policy supports medical necessity review for Thalitone® (chlorthalidone) 15 mg tablets.

Receipt of sample product does not satisfy any criteria requirements for coverage.

### Medical Necessity Criteria

Coverage criteria are listed for products in below table:

#### Employer Group Plans Non-Covered Products and Criteria:

Non-Covered Product	Criteria
Thalitone (chlorthalidone) 15 mg tablets	<b>ONE</b> of the following: 1. Direct the individual to chlorthalidone 25 mg or 50 mg tablets 2. Approve if the individual's prescribed dose cannot be obtained with the 25 mg or 50 mg strength tablets

**When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.**

## Reauthorization Criteria

Continuation of thalitone (chlorthalidone) 15 mg tablets is considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

## Authorization Duration

Initial approval duration: up to 12 months.  
Reauthorization approval duration: up to 12 months.

## Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

## Background

### OVERVIEW

Thalitone is indicated for the management of hypertension and for adjunctive treatment of edema associated with heart failure, renal impairment, hepatic cirrhosis, or corticosteroid and estrogen therapy.

Numerous classes of antihypertensive agents are available to treat high blood pressure. Thiazide (hydrochlorothiazide) and thiazide-like diuretics (chlorthalidone and indapamide) have been a mainstay for the management of primary hypertension. The Evidence-Based Guideline for the Management of High Blood Pressure in Adults from the panel members of the eighth joint national committee (2014 [JNC 8]) advises selection among four specific medication classes (thiazide-type diuretics, calcium channel blockers, angiotensin-converting enzyme inhibitors, or angiotensin receptor blockers) as initial and secondary choices in treatment.<sup>2</sup>

## References

1. Chlorthalidone tablets [prescribing information]. Memphis, TN: Northstar Rx LLC; October 2019.
2. James P, Oparil S, Carter B, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report by the panel appointed to the Eighth Joint National Committee (JNC 8). *JAMA*. 2014;311:17:507-520

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