SmartPA Criteria Proposal

Drug/Drug Class:	Calcium Channel Blockers, Dihydropyridine PDL Edit
First Implementation Date:	August 18, 2004
Proposed Date:	October 17, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒ Existing Criteria ☐ Revision of Existing Criteria ☐ New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Calcium channel blocking agents slow the movement of calcium across the cell membrane resulting in the reduction of contraction of both smooth and cardiac muscle and cells within the heart and blood vessels. These agents are generally classified into two groups, according to their chemical structure: dihydropyridines (amlodipine, felodipine, isradipine, nicardipine, nifedipine, and nisoldipine), and non-dihydropyridines (diltiazem and verapamil). Dihydropyridines (DHPs) have greater selectivity for vascular smooth muscle with little direct effect on the myocardium; non-dihydropyridines (non-DHPs) have less selective vasodilator activity and have a direct effect on the myocardium.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Amlodipine • Felodipine ER • Nifedipine ER • Nifedipine IR	• Adalat CC® • Isradipine • Katerzia® • Levamlodipine • Nicardipine • Nimodipine • Nisoldipine ER • Norliqva® • Norvasc® • Nymalize® • Procardia® • Procardia XL® • Sular®

Type of Criteria: ☐ **Increased risk of ADE** ☒ **Preferred Drug List** ☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☒ **Only Administrative Databases** ☐ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Calcium Channel Blockers, Dihydropyridine
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents **AND**
- For Katerzia and Norliqva: Clinical Consultant Review for participants aged 10 years or older

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
NORVASC 2.5 MG	AMLODIPINE	1 tablet per day
NORVASC 10 MG	AMLODIPINE	1 tablet per day
NORVASC 5 MG	AMLODIPINE	2 tablets per day
SULAR 20 MG	NISOLDIPINE	1 tablet per day
SULAR 30 MG	NISOLDIPINE	2 tablets per day
SULAR 40 MG	NISOLDIPINE	1 tablet per day
SULAR 8.5 MG	NISOLDIPINE	1 tablet per day
SULAR 17 MG	NISOLDIPINE	1 tablet per day
SULAR 25.5 MG	NISOLDIPINE	1 tablet per day
SULAR 34 MG	NISOLDIPINE	1 tablet per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: “Calcium Channel Blockers”, UMKC-DIC; June 2023.
- Evidence-Based Medicine and Fiscal Analysis: “Calcium Channel Blocker Agents (Dihydropyridines) – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.