

SmartPA Criteria Proposal

Drug/Drug Class:	Calcium Channel Blockers, Dihydropyridines PDL Edit
First Implementation Date:	August 18, 2004
Proposed Date:	September 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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
	<ul style="list-style-type: none"> • Amlodipine • Felodipine ER • Nifedipine ER • Nifedipine IR 	<ul style="list-style-type: none"> • Adalat CC® • Isradipine • Katerzia™ • Nicardipine • Nimodipine • Nisoldipine • Nisoldipine ER • 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, Dihydropyridines
- 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: 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	1 tablet 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:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

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

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Calcium Channel Blocker Agents (Dihydropyridines) – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2021.
2. Evidence-Based Medicine Analysis: "Calcium Channel Blockers", UMKC-DIC; July 2021.

SmartPA PDL Proposal Form

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3. USPDI, Micromedex; 2021.
4. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.

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