SmartPA Criteria Proposal

Drug/Drug Class:	ACE Inhibitor/Calcium Channel Blocker Combinations PDL Edit
First Implementation Date:	January 26, 2005
Proposed Date:	September 15, 2022
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: Angiotensin-converting-enzyme-inhibitors (ACEIs) block the activation of the renin-aldosterone, which is a mediator of blood pressure. In addition to their effects on blood pressure, ACEIs are also thought to have beneficial ventricular effects following myocardial infarction (MI), in patients with heart failure, and in preventing the progression of diabetic nephropathy. Professional associations, such as the American Heart Association, and the American Diabetes Association, as well as cardiology specialists, recommend ACEIs as the standard of care for patients with recent MI, in patients at high risk for cardiovascular events, and in patients with diabetic nephropathy. ACEIs have been shown to be efficacious when used alone or in combination with diuretics or calcium channel blockers.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Amlodipine/Benazepril	• Lotrel® • Tarka® • Trandolapril/Verapamil ER

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

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

Setting & Population

- Drug class for review: ACE Inhibitor/ Calcium Channel Blocker Combinations
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agent:
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents

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
LOTREL 2.5 MG/10 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/10 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/20 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/40 MG	AMLODIPINE/BENAZEPRIL	2 tablets per day
LOTREL 10 MG/20 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 10 MG/40 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
TARKA 1 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	2 tablets per day
TARKA 2 MG/180 MG	TRANDOLAPRIL/VERAPAMIL	2 tablets per day
TARKA 2 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	2 tablets per day
TARKA 4 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	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: “Angiotensin Converting Enzyme Inhibitor (ACEI)/Calcium Channel Blockers (CCBs)”, UMKC-DIC; August 2022.
- Evidence-Based Medicine and Fiscal Analysis: “Angiotensin Converting Enzyme Inhibitor/Calcium Channel Blocker Combination Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2018;71(6):e13-e115.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.