

SmartPA Criteria Proposal

Drug/Drug Class:	Angiotensin Receptor Blocker/Calcium Channel Blocker Combinations PDL Edit
First Implementation Date:	January 21, 2009
Proposed Date:	September 15, 2022
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: Angiotensin II receptor antagonists (ARBs) selectively inhibit angiotensin II from activating the angiotensin II type 1 receptor (AT1). This action blocks vasoconstriction, sodium and water retention, activation of the sympathetic nervous system, constriction of arterioles in the kidney, and stimulation of vascular and myocardial fibrosis. The mechanism of action for the ARBs differs from angiotensin converting enzyme inhibitors (ACEIs) in that the ACEIs block the conversion of angiotensin I to angiotensin II, while the ARBs exhibit selective inhibition. Like ACEIs, ARBs are useful in the management of patients with hypertension, high cardiovascular risk, heart failure, myocardial infarction, diabetes mellitus, and renal disease. ARBs have been shown to be efficacious when used alone or in combination with calcium channel blockers.

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"> Valsartan/Amlodipine 	<ul style="list-style-type: none"> Azor® Exforge® Exforge HCT® Olmesartan/Amlodipine Olmesartan/Amlodipine/HCTZ Telmisartan/Amlodipine Tribenzor® Twynsta® Valsartan/Amlodipine/HCTZ

- 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: Angiotensin Receptor Blocker/ Calcium Channel Blocker Combinations
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial of 1 or more Angiotensin Receptor Blocker (ARB) or ARB/Diuretic combination agent in the past year **AND**
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents:
 - 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
AZOR 10 MG/20 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 10 MG/40 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 5 MG/20 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 5 MG/40 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
EXFORGE 10 MG/160 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 10 MG/160 MG/12.5MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 10 MG/160 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 10 MG/320 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 10 MG/320 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 5 MG/160 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 5 MG/160 MG/12.5 MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 5 MG/160 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 5 MG/320 MG	AMLODIPINE/VALSARTAN	1 tablet per day
TRIBENZOR 10/40/12.5 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
TRIBENZOR 10/40/25 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
TRIBENZOR 5/20/12.5 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
TRIBENZOR 5/40/12.5 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
TRIBENZOR 5/40/25 MG	AMODIPINE/OLMESARTAN/HCTZ	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

SmartPA PDL Proposal Form

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Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: “Calcium Channel Blockers and Angiotensin Receptor Blockers with or without Hydrochlorothiazide”, UMKC-DIC; July 2022.
- Evidence-Based Medicine and Fiscal Analysis: “Angiotensin II Receptor Blocker/Calcium Channel Blocker Combinations – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.

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