

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Calcium Channel Blockers, Non-Dihydropyridine PDL Edit
<b>First Implementation Date:</b>	September 1, 2004
<b>Proposed Date:</b>	September 15, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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"> <li>• Cartia XT<sup>®</sup></li> <li>• Dilt XR</li> <li>• Diltiazem CD</li> <li>• Diltiazem ER Caps</li> <li>• Diltiazem HCl</li> <li>• Diltiazem XR</li> <li>• Taztia XT<sup>®</sup></li> <li>• Verapamil HCl</li> <li>• Verapamil ER Caps/Tabs</li> <li>• Verapamil SR</li> </ul>	<ul style="list-style-type: none"> <li>• Calan<sup>®</sup></li> <li>• Calan SR<sup>®</sup></li> <li>• Cardizem</li> <li>• Cardizem CD<sup>®</sup></li> <li>• Cardizem LA<sup>®</sup></li> <li>• Diltiazem LA Tabs</li> <li>• Matzim LA<sup>®</sup></li> <li>• Tiadylt<sup>®</sup> ER</li> <li>• Tiazac<sup>®</sup></li> <li>• Verapamil ER PM</li> <li>• Verelan<sup>®</sup></li> <li>• Verelan PM<sup>®</sup></li> </ul>

**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, Non-Dihydropyridine
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 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

## 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

- Evidence-Based Medicine Analysis: "Calcium Channel Blockers", UMKC-DIC; July 2022.
- Evidence-Based Medicine and Fiscal Analysis: "Calcium Channel Blocker Agents (Non-dihydropyridines) – 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.