

SmartPA Criteria Proposal

Drug/Drug Class:	ACE Inhibitor/ Calcium Channel Blocker Combinations PDL Edit
First Implementation Date:	January 26, 2005
Proposed Date:	September 17, 2020
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-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
	<ul style="list-style-type: none"> Amlodipine/Benazepril Tarka® 	<ul style="list-style-type: none"> Lotrel® Trandolapril/Verapamil

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: ACE Inhibitor/ Calcium Channel Blocker Combinations
- 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
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
LOTREL 10 MG/20 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/40 MG	AMLODIPINE/BENAZEPRIL	2 tablets per day
LOTREL 10 MG/40 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/20 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 5 MG/10 MG	AMLODIPINE/BENAZEPRIL	1 tablet per day
LOTREL 2.5 MG/10 MG	AMLODIPINE/BENAZEPRIL	1 tablet 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 1 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

1. Drug Effectiveness Review Project – Drug Class Review on Angiotensin Converting Enzyme Inhibitors. Drug Class Review on Calcium Channel Blockers. (Updated). Center for Evidence-Based Policy, Oregon Health & Science University; July 2005/Updated September 2015.
2. 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 2020.
3. Evidence-Based Medicine Analysis: "Angiotensin Converting Enzyme Inhibitor (ACEI)/Calcium Channel Blockers (CCBs)", UMKC-DIC; June 2020.
4. 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.
5. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
6. USPDI, Micromedex; 2020.
7. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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