SmartPA Criteria Proposal

Drug/Drug Class:	Angiotensin Receptor Blocker/ Calcium Channel Blocker Combinations PDL Edit
First Implementation Date:	January 21, 2009
Proposed Date:	September 17, 2020
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 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 differ from the ACEIs (angiotensin converting enzyme inhibitors) 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
• Valsartan/Amlodipine	• 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 5 MG/20 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 10 MG/20 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 5 MG/40 MG	AMLODIPINE/OLMESARTAN	1 tablet per day
AZOR 10 MG/40 MG	AMLODIPINE/OLMESARTAN	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 10/40/12.5 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
TRIBENZOR 10/40/25 MG	AMLODIPINE/OLMESARTAN/HCTZ	1 tablet per day
EXFORGE 5 MG/160 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 10 MG/160 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 5 MG/320 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 10 MG/320 MG	AMLODIPINE/VALSARTAN	1 tablet per day
EXFORGE 5 MG/160 MG/12.5 MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 10 MG/160 MG/12.5MG	AMLODIPINE/VALSARTAN/HCTZ	1 tablet per day
EXFORGE 5 MG/160 MG/25 MG	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/25 MG	AMLODIPINE/VALSARTAN/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

Default Approval Period

1 year

References

1. Evidence-Based Medicine Analysis: “Calcium Channel Blockers and Angiotensin Receptor Blockers with or without Hydrochlorothiazide”, UMKC-DIC; August 2020.
2. 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 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.