



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Beta Adrenergic Blockers and Beta Adrenergic Blockers/Diuretic Combinations PDL Edit
<b>First Implementation Date:</b>	July 19, 2004
<b>Proposed Date:</b>	September 17, 2020
<b>Prepared for:</b>	MO HealthNet
<b>Prepared by:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" 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 was this Issue Selected:** Beta-adrenergic blockers inhibit the chronotropic, inotropic and vasodilator responses to adrenaline by blocking  $\beta_1$  and  $\beta_2$  receptor sites throughout the body. Several characteristics of beta-blockers may be related to their clinical effectiveness. Beta blockers can be classified by cardioselectivity and intrinsic sympathomimetic activity (ISA). Cardioselective beta-blockers preferentially inhibit only  $\beta_1$  receptors that are principally found in the myocardium. Non-cardioselective beta blockers inhibit both  $\beta_1$  and  $\beta_2$  receptor sites.

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>• Acebutolol</li> <li>• Atenolol</li> <li>• Atenolol/Chlorthalidone</li> <li>• Bisoprolol</li> <li>• Bisoprolol/HCTZ</li> <li>• Carvedilol</li> <li>• Hemangeol®</li> <li>• Labetalol</li> <li>• Metoprolol Succinate</li> <li>• Metoprolol Tartrate</li> <li>• Metoprolol/HCTZ</li> <li>• Nadolol</li> <li>• Propranolol HCl</li> <li>• Propranolol Soln</li> <li>• Propranolol/HCTZ</li> <li>• Sorine®</li> <li>• Sotalol</li> <li>• Sotalol AF</li> </ul>	<ul style="list-style-type: none"> <li>• Betapace AF®</li> <li>• Betapace®</li> <li>• Betaxolol</li> <li>• Bystolic®</li> <li>• Carvedilol ER</li> <li>• Coreg CR®</li> <li>• Coreg®</li> <li>• Corgard®</li> <li>• Dutorpol®</li> <li>• Inderal LA®</li> <li>• Inderal XL®</li> <li>• InnoPran XL®</li> <li>• Kaspargo® Sprinkle Caps</li> <li>• Lopressor HCT®</li> <li>• Lopressor®</li> <li>• Metoprolol ER/HCTZ</li> <li>• Nadolol/Bendroflumethiazide</li> <li>• Pindolol</li> <li>• Propranolol LA/ER</li> <li>• Sotylize®</li> <li>• Tenoretic®</li> <li>• Tenormin®</li> <li>• Timolol Maleate</li> <li>• Toprol XL®</li> <li>• Ziac®</li> </ul>

**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/drug class for review: Beta Adrenergic Blockers and Beta Adrenergic Blockers Diuretic Combinations
- Age range: All appropriate MO HealthNet participants

**Approval Criteria**

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents
- For Coreg CE:
  - Documented diagnosis of heart failure **AND**
  - Adequate therapeutic trial on carvedilol twice daily for 30 days
- For Bystolic: Adequate therapeutic trial on one vasodilating alpha/beta-adrenergic blocking agent (labetalol or carvedilol)
- For Hemangeol:
  - Participants aged 2 years and younger **AND**
  - Documented diagnosis of infantile hemangioma **AND**

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- o Maximum treatment length of 6 months; clinical consultant review required to extended treatment
- **For Sotylize and Kapsargo Sprinkle: Clinical Consultant Review for participants aged 10 years or older**

## 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 Edit)  
Rule Type: PDL

## Default Approval Period

1 year

## References

1. Drug Effectiveness Review Project – Drug Class Review on Beta Adrenergic Blockers. Center for Evidence-Based Policy, Oregon Health & Science University; July 2009; Updated Evidence Scan February 2015.
2. Evidence-Based Medicine and Fiscal Analysis: "Beta Adrenergic Blockers and Diuretic Combination Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2020.
3. Evidence-Based Medicine Analysis: "Oral Beta Blockers (and any beta-blocker combinations)", UMKC-DIC; November 2003 – August 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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